


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90014 027 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # 733619</b><br>1. Entity Name<br><b>THE RAMBLEWOOD CLUB, INC.</b>   |   |   |  |    |  |
| Principal Place of Business<br><b>P. O. BOX 9564<br/>CORAL SPRINGS, FL 33075-9564 US</b>   |   |   | Mailing Address<br><b>P. O. BOX 9564<br/>CORAL SPRINGS, FL 33075-9564 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  | Country   | Zip   | Country  | 02182008 Chg-NP CR2E037 (12/06)   |  |
| 4. FEI Number<br><b>59-1890603</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>ROBERT KAYE &amp; ASSOC., P.A.<br/>6261 NW 6TH WAY<br/>FT. LAUDERDALE, FL 33309</b>   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |   |  |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPD</b><br><b>OSPINA, ERNEST</b><br><b>1790 RIVERWOOD LN D</b><br><b>CORAL SPRINGS, FL 33071</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>MITCHELL, ANNE</b><br><b>1631 RIVERWOOD LANE</b><br><b>CORAL SPRINGS, FL 33071</b>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SEBASTIAN GALLINA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>1650 RIVERWOOD LN</b><br><b>CORAL SPRINGS, FL 33071</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPD</b><br><b>D'AMICO, JOHN</b><br><b>1541 RIVERWOOD LANE</b><br><b>COARL SPRINGS, FL 33071</b>  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>FRED HERDEEN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>1710 RIVERWOOD LN</b><br><b>CORAL SPRINGS, FL 33071</b>      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD</b><br><b>BERGES, ALISON</b><br><b>1641 RIVERWOOD LN SD</b><br><b>POMPANO BEACH, FL 33071</b> | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>LAURIE HEAFY TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>1752 RIVERWOOD LN</b><br><b>CORAL SPRINGS, FL 33071</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD</b><br><b>LANGEFELD, INGRID</b><br><b>1881 RIVERWOOD LN</b><br><b>CORAL SPRINGS, FL 33071</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PRES</b><br><b>MADEA, JEANETTE</b><br><b>1511 RIVERWOOD LN</b><br><b>CORAL SPRINGS, FL 33071</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |   |  |
| <b>SIGNATURE: <u>Ingrid Langefeld</u> INGRID LANGEFELD 2/19/2008 9108</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |  |   |  |