

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765487

FILED
Jan 23, 2008
Secretary of State

Entity Name: RAMBLING ACRES WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3848 RAMBLING ACRES DRIVE
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1152
TITUSVILLE, FL 327811152 US

New Mailing Address:

FEI Number: 23-0609329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEBSCH, CATHY J
3848 RAMBLING ACRES DR
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LANGLEY, DONALD R
Address: 3860 RAMBLING ACRES DR.
City-St-Zip: TITUSVILLE, FL 32796

Title: TD () Delete
Name: TODD, HAROLD J
Address: 3868 RAMBLING ACRES DR.
City-St-Zip: TITUSVILLE, FL 32796

Title: SD () Delete
Name: FRY, MARY W
Address: 3892 BUTEO DR.
City-St-Zip: TITUSVILLE, FL 32796

Title: PD () Delete
Name: LIEBSCH, CATHY J
Address: 3848 RAMBLING ACRES DRIVE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FREDERICKS, MICHAEL
Address: 3898 BUTEO DR.
City-St-Zip: TITUSVILLE, FL 32796

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD TODD

TD

01/23/2008

Electronic Signature of Signing Officer or Director

Date