


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # N94000001205 1. Entity Name RAMBLEWOOD VILLAGE HOMEOWNERS ASSOCIATION INC. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 38210 VINSON AVE ZEPHYRHILLS, FL 33542 US | Mailing Address 38210 VINSON AVE ZEPHYRHILLS, FL 33542 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

| | |
|---|--|
| 4. FEI Number 59-3234955 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**BUNKER, JUDY
38206 WOODGATE LANE
ZEPHYRHILLS, FL 33542**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable


| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000843807 03/12/08-80010-010 61.25 |
|---|--|--|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MENNIIG, LARRY 38124 WOODGATE LANE ZEPHYRHILLS, FL 33542 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DURBEN, PAUL 380043 COVERED BRIDGE ZEPHYRHILLS, FL 33542 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MILLS, MAXINE 38050 WOODGATE LANE ZEPHYRHILLS, FL 33542 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BUNKER, JUDY 38206 WOODGATE LANE ZEPHYRHILLS, FL 33542 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **JUDY BUNKER** **2-18-08** **813-783-2013**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #