2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001205

FILED Feb 18, 2009 Secretary of State

Entity Name: RAMBLEWOOD VILLAGE HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

38210 VINSON AVE

ZEPHYRHILLS, FL 33542 US

Current Mailing Address: New Mailing Address:

38210 VINSON AVE 38103 WOODSIDE LANE ZEPHYRHILLS, FL 33542 US ZEPHYRHILLS, FL 33542

FEI Number: 59-3234955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUNKER, JUDY
38206 WOODGATE LANE
ZEPHYRHILLS, FL 33542 US
BAXTER, DARLENE
38103 WOODSIDE LANE
ZEPHYRHILLS, FL 33542 US

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: DARLENE J BAXTER 02/18/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: P () Delete Title: P (X) Change () Addition Name: MENNIIG, LARRY Name: FIELDS, PHYLLIS

Address: 38124 WOODGATE LANE Address: 38122 COVERED BRIDGE BLVD
City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VP () Delete Title: VP (X) Change () Addition

Name:DURBEN, PAULName:FIELDS, ROBERTAddress:380043 COVERED BRIDGEAddress:38122 COVERED BRIDGE BLVD

City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: ZEPHYRHILLS, FL 33542

 Title:
 S
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 MILLS, MAXINE
 Name:
 MOLLISON, MARY SUE

 Address:
 38050 WOODGATE LANE
 Address:
 38132 COVERED BRIDGE BLVE

City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: ZEPHYRHILLS, FL 33542

 Name:
 BUNKER, JUDY
 Name:
 BAXTER, DARLENE J

 Address:
 38206 WOODGATE LANE
 Address:
 38103 WOODSIDE LANE

 City-St-Zip:
 ZEPHYRHILLS, FL 33542
 City-St-Zip:
 ZEPHYRHILLS, FL 33542

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: DARLENE J BAXTER S 02/18/2009