

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 06 1996 8:00 am  
Secretary of State

DOCUMENT # 721792 (0)

1. Corporation Name

NARANJA LAKES CONDOMINIUM NO. ONE INC.

Principal Place of Business

Mailing Address

8299 CORAL WAY  
MIAMI FL 33155

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MIAMI FL 33155



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1971		3a. Date of Last Report 09/27/1995	
21		26		4. FEI Number 59-1551246		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		29		30	
24		25					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STANLEY, TATE, RECEIVER  
1175 N.E. 21ST. STREET  
STE. 102  
NORTH MIAMI FL 33161

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEM, DONALD	12 NAME	
STREET ADDRESS	% STANLEY, TATE, REC. 1175 N.E. 125TH 102	13 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	14 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, GEORGE	22 NAME	
STREET ADDRESS	1175 N.E. 125TH ST., STE. 102	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	24 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULD, ADOLF	32 NAME	
STREET ADDRESS	1175 N.E. 125TH ST., STE 102	33 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	34 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYKERK, HENRY	42 NAME	
STREET ADDRESS	1175 N.E. 125TH ST., STE. 102	43 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	44 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYKERK, HENRY	52 NAME	
STREET ADDRESS	14253 S.W. 280 STREET	53 STREET ADDRESS	
CITY-ST-ZIP	NARANJA FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96  
Date

891-1106  
Daytime Phone #

CR2E037 (12/95)