

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: **8299 CORAL WAY MIAMI FL 33155**
Mailing Address: **8299 CORAL WAY MIAMI FL 33155**

3. Date Incorporated or Qualified: **09/28/1971**
3a. Date of Last Report: **09/27/1995**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number	Applied For
59-1551246	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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 _____ (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: _____ DATE: **1/30/96** DAYTIME PHONE #: **(305) 891-1106**

CR2E037 (12/95)