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Feb 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 721792 (0)

1. Corporation Name

NARANJA LAKES CONDOMINIUM NO. ONE INC.



Principal Place of Business

Mailing Address

C/O STANLEY G. TATE, RECEIVER
1175 N.E. 125TH STREET, SUITE 102
NORTH MIAMI FL 33161

C/O STANLEY G. TATE, RECEIVER
1175 N.E. 125TH STREET, SUITE 102
NORTH MIAMI FL 33161-5039

3. Date Incorporated or Qualified
09/28/1971

3a. Date of Last Report
02/06/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1551246

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes 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 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
NAME	SEEM, DONALD	
STREET ADDRESS	% STANLEY, TATE, REC. 1175 N.E. 125TH 102	
CITY - ST - ZIP	NORTH MIAMI FL 33161	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEVY, GEORGE	
STREET ADDRESS	1175 N.E. 125TH ST., STE. 102	
CITY - ST - ZIP	NORTH MIAMI FL 33161	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FULD, ADOLF	
STREET ADDRESS	1175 N.E. 125TH ST., STE 102	
CITY - ST - ZIP	NORTH MIAMI FL 33161	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NYKERK, HENRY	
STREET ADDRESS	1175 N.E. 125TH ST., STE. 102	
CITY - ST - ZIP	NORTH MIAMI FL 33161	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NYKERK, HENRY	
STREET ADDRESS	14253 S.W. 280 STREET	
CITY - ST - ZIP	NARANJA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97 Date

(305) 891-1106 Daytime Phone # 0031621

CR2E037 (9/96)