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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999 2000

DOCUMENT # 721792

1. Corporation Name
NARANJA LAKES CONDOMINIUM NO. ONE INC.

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

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/28/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1551246 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent STANLEY G. TATE RECEIVER 1175 NE 125TH ST STE. 102 NORTH MIAMI FL 33161	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 SEEM, DONALD STREET ADDRESS % STANLEY, TATE, REC. 1175 N.E. 125TH 102 CITY-ST-ZIP NORTH MIAMI FL 33161	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD LEVY, GEORGE STREET ADDRESS 1175 N.E. 125TH ST., STE. 102 CITY-ST-ZIP NORTH MIAMI FL 33161	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S FULD, ADOLF STREET ADDRESS 1175 N.E. 125TH ST., STE 102 CITY-ST-ZIP NORTH MIAMI FL 33161	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NYKERK, HENRY STREET ADDRESS 1175 N.E. 125TH ST., STE. 102 CITY-ST-ZIP NORTH MIAMI FL 33161	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NYKERK, HENRY STREET ADDRESS 14253 S.W. 280 STREET CITY-ST-ZIP NARANJA FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 with all other like empowered.

SIGNATURE: Stanley Tate 4-18-00 (805) 891-1106

CR2F037 (1/199)