

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90100 041 ****61.25

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/28/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1551246	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

STANLEY G. TATE RECEIVER
1175 NE 125TH ST
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEM, DONALD	1.2 NAME	
STREET ADDRESS	% STANLEY, TATE, REC. 1175 N.E. 125TH 102	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, GEORGE	2.2 NAME	
STREET ADDRESS	1175 N.E. 125TH ST., STE. 102	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULD, ADOLF	3.2 NAME	
STREET ADDRESS	1175 N.E. 125TH ST., STE 102	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYKERK, HENRY	4.2 NAME	
STREET ADDRESS	1175 N.E. 125TH ST., STE. 102	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYKERK, HENRY	5.2 NAME	
STREET ADDRESS	14253 S.W. 280 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NARANJA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (1/1/98)