

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



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

1995 MAR 17 AM 7:32

**DOCUMENT # 722103 (9)**

1. Corporation Name

**NARANJA LAKES CONDOMINIUM NO. TWO, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900001435369  
-03/21/95--01114--007  
\*\*\*130.00 \*\*\*130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
27500 SW 145TH AVE NARANJA LAKES FL 33032		27500 SW 145TH AVE NARANJA LAKES FL 33032	

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

3. Date Incorporated or Qualified	3a. Date of Last Report
11/17/1971	04/25/1994
4. FEI Number	Applied For
59-1551246	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROGEL, DAVID**  
6161 BLUE LAGOON DR., SUITE 250  
MIAMI FL 33126

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P D
NAME	ARCHER, STUART
STREET ADDRESS	7340 S.W. 132ND STREET
CITY-ST-ZIP	MIAMI FL 33156
TITLE	V D
NAME	GILES, VICTORIA
STREET ADDRESS	16240 SW 283RD ST
CITY-ST-ZIP	HOMESTEAD FL 33033
TITLE	<del>T</del>
NAME	<del>ARBUTHNOT, PATRICIA</del>
STREET ADDRESS	<del>9711 N. HOLLY BROOK LAKE</del>
CITY-ST-ZIP	<del>PEMBROKE PINES FL 33025</del>
TITLE	S D
NAME	DOEBLER, LIZABETH
STREET ADDRESS	9550 SW 188TH TERRACE
CITY-ST-ZIP	MIAMI FL 33157
TITLE	ST D
NAME	VELLANTI, THOMAS, JR
STREET ADDRESS	15300 S.W. 271 STREET
CITY-ST-ZIP	HOMESTEAD FL 33031
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	DECEASED
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	24/3
6.3 STREET ADDRESS	3-17
6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: Stuart H. Archer 24 JAN 95 305-238-0911  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date (Type in Block 13)