

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

APPROVED

CORPORATION  
ANNUAL REPORT  
1995



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

95 MAR -3 AM 11:52

DOCUMENT # **72 3254**  
1. Corporation Name  
**NARANJA LAKES CONDOMINIUM  
NO. THREE INC.**

700001426847  
-03/10/95--01092--010  
\*\*\*\*130.00 \*\*\*\*130.00  
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**27500 S.W 145 AVE  
NARANJA LAKES, FL 33032**

3. Date Incorporated or Qualified **4-24-72** 3a. Date of Last Report **4-28-94**  
4. FEI Number **59-1608733** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **27500 S.W 145 AVE** 26 **7340 S.W. 132<sup>ND</sup> ST**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
**NARANJA LAKES, FL** **MIAMI, FL**  
24 **33032** 25 **U.S.** 28 **33156** 30 **U.S.**

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DAVID ROGEL  
6161 BLUE LAGOON DRIVE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRES -</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUART H. ARCHER</b>	1.2 NAME	
STREET ADDRESS	<b>7340 S.W 132<sup>ND</sup> ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VICE PRES</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLIFFORD JONES</b>	2.2 NAME	
STREET ADDRESS	<b>113 SHEDDOWNER CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TRES</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT TOTHMAN</b>	3.2 NAME	
STREET ADDRESS	<b>7604 CONCORD DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOULDER, CO 80301</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SEC</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS ESKAN</b>	4.2 NAME	
STREET ADDRESS	<b>19000 S.W. 180 AVE LT 251</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33187</b>	4.4 CITY-ST-ZIP	
TITLE	<b>ASST. SECRETRES</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN ARCHIBALD</b>	5.2 NAME	
STREET ADDRESS	<b>6882 INDRIO P 2</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PINEBL, FL 34951</b>	5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 19 (1)(3)(b), 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: **Stuart H. Archer PRES** 03/03/95 305-238-0911  
AS PER CONVERSATION W/ STUART H. ARCHER on 3/8/95