

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

**APPROVED
AND
FILED**

95 MAY - 1 AM 11: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723254 (9)

1. Corporation Name
NARANJA LAKES CONDOMINIUM NO. THREE, INC.

Principal Place of Business 7340 S.W. 132ND STREET MIAMI FL 33156	Mailing Address 27500 S.W. 145 AVENUE NARANJA LAKES FL 33032
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/24/1972	3a. Date of Last Report 04/28/1994
4. FEI Number 59-1608733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ROGER, DAVID
6181 BLUE LAGOON DRIVE, SUITE 250
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name Rogel, David
82 Street Address (P.O. Box Number is Not Acceptable) Becker & Poliakoff, P.A.
83 5201 Blue Lagoon Drive, Suite #100
84 City Miami, FL
85 Zip Code 33126

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P - D	NAME AREHTR, STUART H	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7340 S.W. 132ND STREET	CITY - ST - ZIP MIAMI FL 3315	12 NAME ARCHER, STUART H.	
		13 STREET ADDRESS	
		14 CITY - ST - ZIP	
TITLE VP - D	NAME JONES, CLIFFORD	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 113 GLENDOVER CIRCLE	CITY - ST - ZIP SUN CITY CENTER FL 33573	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE T - D	NAME TOOTHMAN, ROBERT	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7684 CONCORD DRIVE	CITY - ST - ZIP BOULDER CO 80301	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE S - O	NAME ESKAU, THOMAS	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 19800 S.W. 180 AVE., LOT 251	CITY - ST - ZIP MIAMI FL 33187	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE AST - O	NAME ARCHIBALD, JOHN	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6032 INDRIO ROAD	CITY - ST - ZIP FORT PIERCE FL 34951	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	5/6/27
CITY - ST - ZIP		6.3 STREET ADDRESS	
		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/28/95**