

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 723254 (9)

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



Principal Place of Business: **27500 S.W. 145 AVE. NARANJA LAKES FL 33032**
 Mailing Address: **5201 BLUE LAGOON DR SUITE 100 MIAMI FL 33126 US**

3. Date Incorporated or Qualified: **04/24/1972** 3a. Date of Last Report: **03/08/1995**
 4. FEI Number: **59-1608733** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**ROGEL, DAVID
 BECKER & POLIAKOFF PA
 5201 BLUE LAGOON DR SUITE 100
 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 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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARCHER, STUART H	
STREET ADDRESS	7340 S.W. 132ND STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JONES, CLIFFORD	
STREET ADDRESS	113 GLENDOVER CIRCLE	
CITY - ST - ZIP	SUN CITY CENTER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TOOTHMAN, ROBERT	
STREET ADDRESS	7884 CONCORD DRIVE	
CITY - ST - ZIP	BOULDER CO	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	ESKAU, THOMAS	
STREET ADDRESS	19800 S.W. 180 AVE., LOT 251	
CITY - ST - ZIP	MIAMI FL	
TITLE	ASTO	<input type="checkbox"/> DELETE
NAME	ARCHIBALD, JOHN	
STREET ADDRESS	6032 INDRIO ROAD	
CITY - ST - ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
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		
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		
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: **X** *Stuart H. Archer* **STUART H. ARCHER** Date: **19 JUN 96** Daytime Phone #: **305 238 0911**

CR2E037 (3/96)