

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>27500 S.W. 145 AVE. NARANJA LAKES FL 33032</b>	Mailing Address <b>5201 BLUE LAGOON DR SUITE 100 MIAMI FL 33126 US</b>
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3. Date Incorporated or Qualified <b>04/24/1972</b>	4. FEI Number <b>59-1608733</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROGEL, DAVID BECKER &amp; POLIAKOFF PA 5201 BLUE LAGOON DR SUITE 100 MIAMI FL 33126</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARCHER, STUART H</b>	1.2 NAME	
STREET ADDRESS	<b>7340 S.W. 132ND STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>33156</b>
TITLE	<b>VPD</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, CLIFFORD</b>	2.2 NAME	
STREET ADDRESS	<b>113 GLENDOVER CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	2.4 CITY-ST-ZIP	<b>33573</b>
TITLE	<b>TD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOOTHMAN, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>7684 CONCORD DRIVE</b>	3.3 STREET ADDRESS	<b>2048 E. GOLF LINKS RD,</b>
CITY-ST-ZIP	<b>BOULDER CO</b>	3.4 CITY-ST-ZIP	<b>SIERRA VISTA AZ 85635-4837</b>
TITLE	<b>SO</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ESKAU, THOMAS</b>	4.2 NAME	
STREET ADDRESS	<b>19800 S.W. 180 AVE., LOT 251</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>33187</b>
TITLE	<b>ASTO</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARCHIBALD, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>6032 INDRIQ RD, P2</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	5.4 CITY-ST-ZIP	<b>34951</b>
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 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.

SIGNATURE: *[Signature]* **STUART H. ARCHER 9 JAN 98 3052380911**

CR2E037 (10/97)