FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90058 021 ****61.25

FILED

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1. Corporation Name

NARANJA LAKES CONDOMINIUM NO. THREE, INC.

Principal Plac	ce of Business	Mailing Address	Mailing Address							
27500 S.W. 14 NARANJA LAH		5201 BLUE LAGOON DR SUITE 100 MIAMI FL 33126 US								
2. Principal F	Place of Business	2a. Mailing Address					rated or Qualifed			
21		26				04/24/197	2			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				4. FEI Number			Ap	plied For
22		27				59-160873	33		No	ot Applicable
City & Sta	te	City & State			J	5. Certificate of	Status Desired		•	Additional
23		28				U. Certificate of	Otalus Desired		Fee Re	quired
Zip	Country	Zip	Zip Country			6. Election Carr	paign Financing	Π,	\$5.00	May Be
24	25	29	30			Trust Fund Contribution Added to Fees				
	9. Name and Address of Curren	t Registered Agent	·	ļ.,		10. Name and A	ddress of New Re	gistered /	Agent	
I				81	Name					
ROGEL, D	AVID			82	Street Add	dress (P.O. Box Numb	per is Not Acceptat	ole)		
	& POLIAKOFF PA									
	E LAGOON DR SUITE 100			83						
MIAMI FL					O16 :			<u> </u>	85 Zip (2-1-
1110 U111 1 E	00.20			84	City			FL	85 Zip (70de
office or	to the provisions of Sections 617.0502 registered agent, or both, in the State of	of Florida. Such change wa	s authorized	l bv t	named cor he corporat	rporation submits this tion's board of director	statement for the p	urpose of the appoin	changing its	registered gistered
agent. I a	am familiar with, and accept the obligat	tions of, Section 617.0503,	Florida Statı	utes.					•	1
SIGNATURE			8 77 8	•				DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	Agent	signature requir	red when reinstating) ADDITIONS/C	HANGES TO OFF		D DIRECTO	RS IN 12
TITLE	PD OFFICERS AN	D DIRECTORS DELETE	1.1 111	n c		ADDITIONS/C	TIANGLE TO OTT	IOLI (O AIN	Change	Addition
	ARCHER, STUART H				j					
NAME	· - ·		1.2 NA							, 1
STREET ADDRESS					ADORESS]					
CITY-ST-ZIP	MIAMI FL 33156	☐ DELETE		TY-ST-	ZIP				☐ Change	Addition
TITLE	VPD		2.1 TIT						Change	
NAME	JONES, CLIFFORD		2.2 NA		İ					1
STREET ADDRESS			2.3 ST	REET	ADDRESS				•	.
CITY-ST-ZIP	SUN CITY CENTER FL 33573			TY-ST	-ZIP			 -		
TITLE	TD	☐ DELETE	; 3.1 π		ľ		• 1 grant 1991		☐ Change	Addition
NAME	TOOTHMAN, ROBERT		3.2 NA	ME					٠.	
STREET ADDRESS			3.3 ST	REET	ADDRESS					Į
CITY-ST-ZIP	SIERRA VISTA AZ 85635			TY-ST	-ZIP					
TITLE	SO	☐ DELETE	4.1 T∏	ΠE	-				Change	Addition [
NAME	ESKAU, THOMAS		4. 2 N	AME						.
STREET ADDRESS	19800 S.W. 180 AVE., LOT 251		4.3 ST	REET	ADDRESS					•
CITY-ST-ZIP	MIAMI FL 33187		4.4 CF	TY-ST-	ZIP					
TITLE	ASTO	☐ DELETE	5.1 TIT						Change	☐ Addition
NAME	ARCHIBALD, JOHN		5.2 NA	ME		•				
STREET ADDRESS	6032 INDRIO RD, P2		5.3 ST	REETA	ADDRESS					
CITY-ST-ZIP	FORT PIERCE FL 34951		5.4 CIT	TY-ST-	ŽIP			· ·		
TITLE		☐ DELETE	6.1 TIT	LE					☐ Change	Addition
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REETA	ADDRESS					
CITY-ST-ZIP			6.4 CIT	ry-st-	ZIP				•	
			_							

4. 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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/99 305-238-09/11 Date Daytime Phone # ;R2E037 (11/98)