

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90008 034 \*\*\*\*61.25

**DOCUMENT # 723254**

1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1608733</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ROGEL, DAVID**  
**BECKER & POLIAKOFF PA**  
**5201 BLUE LAGOON DR SUITE 100**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>After September 12, 2001, min. will be \$236.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ARCHER, STUART H</b> <b>7340 S.W. 132ND STREET</b> <b>MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>JONES, CLIFFORD</b> <b>113 GLENDOVER CIRCLE</b> <b>SUN CITY CENTER FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>TOOTHMAN, ROBERT</b> <b>2048 E. GOLF LINKS RD</b> <b>SIERRA VISTA AZ 85635</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SO</b> <b>ESKAU, THOMAS</b> <b>19800 S.W. 180 AVE., LOT 251</b> <b>MIAMI FL 33187</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASTO</b> <b>ARCHIBALD, JOHN</b> <b>6032 INDRIO RD, P2</b> <b>FORT PIERCE FL 34951</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SKA... [Signature]* **SEP 13 2001 305-238-091**

CR2E037 (5/01)