

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 723254**

1. Entity Name

**NARANJA LAKES CONDOMINIUM NO. THREE, INC.**

Principal Place of Business

Mailing Address

**27500 S.W. 145 AVE.  
NARANJA LAKES FL 33032****5201 BLUE LAGOON DR  
SUITE 100  
MIAMI FL 33126  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1608733**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGEL, DAVID  
BECKER & POLIAKOFF PA  
5201 BLUE LAGOON DR SUITE 100  
MIAMI FL 33126**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARCHER, STUART H	
STREET ADDRESS	7340 S.W. 132ND STREET	
CITY-ST-ZIP	MIAMI FL 33156	

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	JONES, CLIFFORD	
STREET ADDRESS	113 GLENDOVER CIRCLE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	TOOTHMAN, ROBERT	
STREET ADDRESS	2048 E. GOLF LINKS RD	
CITY-ST-ZIP	SIERRA VISTA AZ 85635	

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

TITLE	SO	<input type="checkbox"/> Delete
NAME	ESKAU, THOMAS	
STREET ADDRESS	19800 S.W. 180 AVE., LOT 251	
CITY-ST-ZIP	MIAMI FL 33187	

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

TITLE	ASTO	<input type="checkbox"/> Delete
NAME	ARCHIBALD, JOHN	
STREET ADDRESS	6032 INDRIO RD, P2	
CITY-ST-ZIP	FORT PIERCE FL 34951	

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

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

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

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:

**SKAATON****SEP 13 2001 305-238-091****FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

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



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)