

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723256 (4)
 1. Corporation Name
NARANJA LAKES CONDOMINIUM NO. FOUR, INC.



Principal Place of Business 1175 NE 125TH STREET SUITE 102 NORTH MIAMI FL 33161	Mailing Address 1175 NE 125TH STREET SUITE 102 NORTH MIAMI FL 33161
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3. Date Incorporated or Qualified 04/24/1972	
4. FEI Number 59-2478555	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**TATE, STANLEY J
 1175 NE 125TH STREET
 SUITE 102
 NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name	STANLEY G. TATE RECEIVER
82 Street Address (P.O. Box Number is Not Acceptable)	1175 NE 125TH STREET
83	Suite 102
84 City	NORTH MIAMI FL
85 Zip Code	33161

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	DT	<input type="checkbox"/> DELETE
NAME	RIEGLER, JOSEPH	
STREET ADDRESS	1300 SW 125TH AVE. K-109	
CITY-ST-ZIP	PEMBROKE FL 33027	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARCHER, STUART	
STREET ADDRESS	7340 SW 132ND ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLAND, ABNER	
STREET ADDRESS	7420 N. DEVON DRIVE	
CITY-ST-ZIP	TAMARAC FL 33122	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FULD, ADOLF	
STREET ADDRESS	1001 SW 128 TERR #B-113	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	RD	<input type="checkbox"/> DELETE
NAME	TATE, STANLEY G	
STREET ADDRESS	1175 NE 125TH STREET, SUITE 102	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
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 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: Stanley G. Tate Receiver **4/30/98** **(305) 891-1106**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031703

CR2E037 (10/97)