## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

### **DOCUMENT # 723256**

#### NARANJA LAKES CONDOMINIUM NO. FOUR, INC.

Principal	Place	of Busine	SS
1175 NE	125TH	STREET	
SUITE 10	12		

Mailing Address

NORTH MIAMI FL 33161

1175 NE 125TH STREET SUITE 102 NORTH MIAMI FL 33161

# FILED Apr 22, 1999 8:00 am § Secretary of State

04-22-1999 90187 032 \*\*\*\*61.25

2. <sub>1</sub>	Principal P	Place of Business 2a. Mailing Address 26					3. Date Incorporated or Qualifed 04/24/1972						
_	Suite, Apt.						4. FEI Number		1	Applied For			
22	•		27					59-24785	555 .			Not Applicable	
	City & Stat	tate City & State						5. Certificate of Status Desired Fee Required					
23			28	·									
_	Zip	Country	Zip	<u>ا</u>	Country			<ol><li>Election Car Trust Fund</li></ol>	mpaign Financing Contribution	, <sub>□</sub>		0 May Be d to Fees	
24		9. Name and Address of Curre	29		1		1		Address of New	Registered			
		3. Name and Address of Curre	int Kedistelan Ade	nn	81	Name		THE INGINE	<u> </u>	· regionista	18111		
	<b>.</b>												
STANLEY G. TATE RECEIVER						82 Street Address (P.O. Box Number is Not Acceptable)							
		125TH STREET			83	83							
	SUITE 102				"						٠		
1	NORTH M	IIAMI FL 33161			84	City		•		FL	85 Zij	Code	
						ļ						to registered	
	office or ragent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida Such c	hange was aut	horized by	the corp	oration's	board of direct	ors. I hereby acc	ept the appoi	ntment as	registered	
510	SNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: F	Registered Ager	nt signature i	required why			DATE			
12.		OFFICERS A	ND DIRECTORS		13.			ADDITIONS/	CHANGES TO O	FFICERS AN			
шл	-	DT		☐ DELETE	1.1 TITLE						Change	e	
NAM	E	RIEGLER, JOSEPH			1.2 NAME								
STRE	ET ADDRESS		•		1.3 STREET	ADDRESS	s			,			
	-ST-ZIP	PEMBROKE FL 33027			1.4 CITY-S	T-ZIP	1			•			
TITLE		D		DELETE	2.1 TITLE						Change	e 🔲 Addition	
NAMI	E	ARCHER, STUART			2.2 NAME								
STRE	ET ADDRESS	7340 SW 132ND ST.			2.3 STREET	ADDRESS	;	*					
1	-ST-ZIP	MIAMI FL 33156			2.4 CMY-5	T-71P	1						
TITLE		PD		DELETE	3.1 TITLE						Change	e	
NAM		HOLLAND: ABNER		-	3.2 NAME								
	EET ADORESS	:			3.3 STREET	ADDRESS	,						
1	-ST-ZIP	TAMARAC FL 33122			3.4. CITY-5								
TITU		SD SD	<u> </u>	DELETE	4.1 TITLE	. 411	+	<u>.</u>			Chang	e Addition	
NAM		FULD, ADOLF	-		4. 2 NAME								
ì					4.3 STREET	T ANNRESS	,						
1	EET ADDRESS	PEMBROKE PINES FL 33027			4.4 CITY-S				•				
TITLE	-ST-ZIP	RD		DELETE	5.1 TITLE		<del>                                     </del>				[] Chang	e	
NAM	•	TATE, STANLEY G	•		5.2 NAME	-					-	-	
	_ ;	1175 NE 125TH STREET, SUI	TE 102		5.3 STREE	TADORESS	,						
ı	EET ADDRESS	NORTH MIAMI FL 33161	102		5.4 CITY-S				•				
	-ST-ZIP	NOTITI MINITE 33101		DELETE	6.1 TITLE		+				[] Chang	e Addition	
וודע			L		6.2 NAME						و		
NAM	-	-				LADUDEGO			•				
STRE	EET ADDRESS	· ,	•	•	6.3 STREET		<b>'</b>						
T					HI CACOV C	z. 710						•	

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, with all other like empowered.

SIGNATURE:

4/15/99 (305)891-1106