

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

09-13-2001 90008 035 \*\*\*\*61.25

000728

**DOCUMENT # 723256**  
 Entity Name  
**NARANJA LAKES CONDOMINIUM NO. FOUR, INC.**

*LA*

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
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-2478555</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STANLEY G. TATE RECEIVER 1175 NE 125TH STREET SUITE 102 NORTH MIAMI FL 33161		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> After September 12, 2001, min. will be \$236.25	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>RIEGLER, JOSEPH</b> 1300 SW 125TH AVE. K-109 PEMBROKE FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARCHER, STUART</b> 7340 SW 132ND ST. MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HOLLAND, ABNER</b> 7420 N. DEVON DRIVE TAMARAC FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FULD, ADOLF</b> 1001 SW 128 TERR #B-113 PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RD</b> <b>TATE, STANLEY G</b> 1175 NE 125TH STREET, SUITE 102 NORTH MIAMI FL 33161 <input type="checkbox"/> Delete	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"/> Delete	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: *Stanley G. Tate*

8/10/01 205-891-1186

CR2E037 (5/01)