

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725252 (1)
 1. Corporation Name
NARANJA LAKES CONDOMINIUM NO. FIVE, INC.



Principal Place of Business 14840 NARANJA LAKES BLVD STE 4D HOMESTEAD FL 33032 US	Mailing Address 14840 NARANJA LAKES BLVD STE 4D HOMESTEAD FL 33032 US
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3. Date Incorporated or Qualified 01/10/1973	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1873201	Applied For 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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TORRE, HELIO DE LA
 201 ALHAMBRA CIRCLE SUITE #1102
 CORAL GABLES FL 33144**

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	85 Zip Code FL
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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	P <input type="checkbox"/> DELETE
NAME	ANTHONY, LEONARD
STREET ADDRESS	14820 NARANJA LAKES BLVD PH
CITY - ST - ZIP	HOMESTEAD FL 33032
TITLE	VPD <input type="checkbox"/> DELETE
NAME	HARPER, TROY
STREET ADDRESS	14820 NARANJA LAKES BLVD
CITY - ST - ZIP	HOMESTEAD FL 33032
TITLE	D <input type="checkbox"/> DELETE
NAME	LLOYD, ONEIDA
STREET ADDRESS	P.O. BOX 4314 N/A
CITY - ST - ZIP	PRINCETON FL 33092
TITLE	T <input type="checkbox"/> DELETE
NAME	CAMMIRELLI, ANTOINETTE
STREET ADDRESS	14850 NARANJA LK BLVD 3K
CITY - ST - ZIP	NARANJA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HUDGENS, CHESSIE
STREET ADDRESS	14820 NARANJA LAKES BLVD #3A
CITY - ST - ZIP	HOMESTEAD FL 33032
TITLE	D <input type="checkbox"/> DELETE
NAME	KRATZ, ELMER
STREET ADDRESS	14820 NARANJA LAKES BLVD
CITY - ST - ZIP	NARANJA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANTHONY, LEONARD
1.3 STREET ADDRESS	14820 NARANJA LAKES BLVD PH
1.4 CITY - ST - ZIP	HOMESTEAD, FL 33032
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOYD MASON, ONEIDA
2.3 STREET ADDRESS	P.O. BOX 4314
2.4 CITY - ST - ZIP	PRINCETON, FL 33092
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAMMILLERI, ANN
3.3 STREET ADDRESS	14850 NARANJA LAKES BLVD APT. 3K
3.4 CITY - ST - ZIP	HOMESTEAD, FL 33032
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVIS, FRANKLIN
4.3 STREET ADDRESS	14830 NARANJA LAKES BLVD APT 3F
4.4 CITY - ST - ZIP	HOMESTEAD, FL 33032
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BOUCHARD, NORMAN W
5.3 STREET ADDRESS	14840 NARANJA LAKES BLVD APT 3A
5.4 CITY - ST - ZIP	HOMESTEAD, FL 33032
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FAIRFIELD, ROY
6.3 STREET ADDRESS	14830 NARANJA LAKES BLVD APT 4 A
6.4 CITY - ST - ZIP	HOMESTEAD, FL 33032

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Leonard S. Anthony **LEONARD S. ANTHONY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: Mar 7, 96 (305) 247-0292
 Daytime Phone #

CR2E037 (12/95)

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2-2

NARANJA LAKES CONDOMINIUM NO. FIVE, INC.

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1	TITLE	D	CHANGE	X	ADDITION
7.2	NAME	HORIGAN, FRANK			
7.3	STREET ADDRESS	14830 NARANJA LAKES BLVD APT 1K			
7.4	CITY-ST-ZIP	HOMESTEAD, FL 33032			