


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **725252** (1)  
1. Corporation Name  
**NARANJA LAKES CONDOMINIUM NO. FIVE, INC.**



Principal Place of Business <b>14840 NARANJA LAKES BLVD STE 4D HOMESTEAD FL 33032 US</b>	Mailing Address <b>14840 NARANJA LAKES BLVD STE 4D HOMESTEAD FL 33032 US</b>
---	---

3. Date Incorporated or Qualified <b>01/10/1973</b>	
4. FEI Number <b>59-1873201</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

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 <b>Helio De la Torre</b>	
82 Street Address (P.O. box Number is Not Acceptable) <b>201 Alhambra Circle #1102</b>	
83 City <b>Coral Gables, FL 33135</b>	
84 City <b>FL</b>	85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Elmer Kratz</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ANTHONY, LEONARD</b>		1.2 NAME <b>14820 Naranja Lks Blvd # 2B</b>	
STREET ADDRESS <b>14820 NARANJA LAKES BLVD PH</b>		1.3 STREET ADDRESS <b>HOMESTEAD, FL. 33032</b>	
CITY-ST-ZIP <b>HOMESTEAD FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Bryant Royster</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RYAN, ELIZABETH</b>		2.2 NAME <b>14840 Naranja Lks Blvd. #4K</b>	
STREET ADDRESS <b>14840 NARANJA LAKES BLVD #1J</b>		2.3 STREET ADDRESS <b>HOMESTEAD, FL 33032</b>	
CITY-ST-ZIP <b>HOMESTEAD FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAMMILLERI, ANN</b>		3.2 NAME	
STREET ADDRESS <b>14850 NARANJA LAKES BLVD APT 3K</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOMESTEAD FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIS, FRANKLIN</b>		4.2 NAME	
STREET ADDRESS <b>14830 NARANJA LAKES BLVD APT 3F</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOMESTEAD FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOYD MASON, ONEICLA</b>		5.2 NAME	
STREET ADDRESS <b>14820 NARANJA LAKES BLVD 3H</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOMESTEAD FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FAIRFIELD, ROY</b>		6.2 NAME	
STREET ADDRESS <b>14830 NARANJA LAKES BLVD APT 4A</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOMESTEAD FL</b>		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: *Leonard A. Davis* **Apr 2, 98 305 247 0292**

CR2E037 (10/97)