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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725252

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/10/1973

4. FEI Number

59-1873201

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DELA TORRE, HELIO
 201 ALHAMBRA CIR STE 1102
 CORAL GABLES FL 33155

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRATZ, ELMER	
STREET ADDRESS	14820 NARANJA LKS BLVD STE 2B	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYANT, ROYSTER	
STREET ADDRESS	14840 NARANJA LKS BLVD STE 4K	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, FRANKLIN	
STREET ADDRESS	14830 NARANJA LAKES BLVD APT 3F	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOYD MASON, ONEICLA	
STREET ADDRESS	14820 NARANJA LAKES BLVD 3H	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAIRFIELD, ROY	
STREET ADDRESS	14830 NARANJA LAKES BLVD APT 4A	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Elizabeth Ryan	
1.3 STREET ADDRESS	14840 Naranja Lks Blvd APT. 1J	
1.4 CITY-ST-ZIP	Homestead, FL 33032	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Leonard S. Anthony	
2.3 STREET ADDRESS	14820 Naranja Lks Blvd. APT. PH	
2.4 CITY-ST-ZIP	Homestead, FL 33032	
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, with all other like empowered.

SIGNATURE: *Deborah Harris* SIGNATURE REQUIRED

Date Feb 1, 99 305-245-7011 Daytime Phone #

CR2E037 (11/98)