

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90006 010 \*\*\*\*61.25

**DOCUMENT # 725252**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1873201**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** 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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September-13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	RYAN, ELIZABETH	
STREET ADDRESS	1480 NARANJA LKS BLVD APT 1J	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	D	<input checked="" 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	P	<input type="checkbox"/> Delete
NAME	ANTHONY, LEONARD S	
STREET ADDRESS	14820 NARANJA LKS BLVD APAT PH	
CITY-ST-ZIP	HOMESTEAD FL 33032	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Parker	
STREET ADDRESS	14830 Naranja Lks Blvd. # 1A	
CITY-ST-ZIP	Homestead, FL 33032	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Cammille	
STREET ADDRESS	14850 Naranja Lks Blvd. #3K	
CITY-ST-ZIP	Homestead, FL 33032	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 20, 2000

Date

305-245-7011

Daytime Phone #

CP2E037 (5/00)