


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90163 047 ****61.25

DOCUMENT # 725252	
1. Entity Name NARANJA LAKES CONDOMINIUM NO. FIVE, INC.	

Principal Place of Business 27501 S. DIXIE HIGHWAY 406 HOMESTEAD, FL 33032 US	Mailing Address 27501 S. DIXIE HIGHWAY 406 HOMESTEAD, FL 33032 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1873201	Applied For Not Applicable
Zip	Country	Zip	Country



04032007 Chg-NP CR2E037 (12/06)

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
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RYAN, ELIZABETH 14840 NARANJA LKS BLVD APT #1J HOMESTEAD, FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sullivan, Patricia 14840 Naranja Lakes Blvd. # 1G Homestead, FL 33032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROYSTER, BRYANT 14840 NARANJA LAKES BLVD. APT #4K HOMESTEAD, FL 33032 <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	S DIGIACOMO, JEAN 14830 NARANJA LAKES BLVD APT # 3P HOMESTEAD, FL <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	T JONES, MICHELE 14840 NARANJA LAKES BLVD. APT # 4B HOMESTEAD, FL 33032 <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	D JOANNA, GRIGSBY 14840 NARANJA LAKES BLVD APT 3B HOMESTEAD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	First Name: Joanna <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Last Name: Grigsby
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALD, KRATZ 14820 NARANJA LKS BLVD APT 3C HOMESTEAD, FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	First Name: Gerald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Last Name: Kratz

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/4/07 (305) 247-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #