
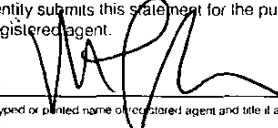
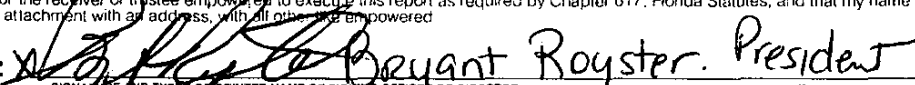


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90007 014 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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: <u>Martene Leon-Rubido Esq</u> Street Address (P.O. Box Number is Not Acceptable): <u>6780 Coral way</u> City: <u>Miami</u> FL Zip Code: <u>33155</u>	
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:  Signature, typed or printed name of registered agent and title if applicable		Martene Leon-Rubido Esq 4/23/08 (NOTE: Registered Agent signature required when registering) DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, ELIZABETH	NAME	
STREET ADDRESS	14840 NARANJA LKS BLVD APT #1J	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33032	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYSTER, BRYANT	NAME	
STREET ADDRESS	14840 NARANJA LAKES BLVD. APT #4K	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33032	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGIACOMO, JEAN	NAME	
STREET ADDRESS	14830 NARANJA LAKES BLVD APT # 3P	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MICHELE	NAME	
STREET ADDRESS	14840 NARANJA LAKES BLVD. APT # 4B	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33032	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIGSBY, JOANNA	NAME	<u>D Pedro Garcia</u>
STREET ADDRESS	14840 NARANJA LAKES BLVD APT 3B	STREET ADDRESS	<u>148 30 Naranja Lakes Blvd</u>
CITY-ST-ZIP	HOMESTEAD, FL	CITY-ST-ZIP	<u>A 3A</u>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRATZ, GERALD	NAME	<u>Homestead FL 33032</u>
STREET ADDRESS	14820 NARANJA LKS BLVD APT 3C	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33032	CITY-ST-ZIP	
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 persons empowered			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Bryant Royster, President Date: _____ Daytime Phone #: _____	

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04232008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1873201

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required