

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90196 001 ****61.25



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

Principal Place of Business Mailing Address
14940 NARANJA LAKES BLVD **14840 NARANJA LAKES BLVD**
HOMESTEAD FL 33032 **HOMESTEAD FL 33032**
US **US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Zip Country Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1873201** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida 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	CAMMILLEN, ANN	
STREET ADDRESS	14850 NARANTA LKS BLVD #3K	
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, ONEIDA	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Royster, Bryant	
STREET ADDRESS	14840 Naranjalakes Blvd.	
CITY-ST-ZIP	HOMESTEAD, FL 33032	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parker, Joseph	
STREET ADDRESS	14830 Naranjalakes Blvd.	
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]* 2/18/03 (30)247-0292

CR2E037 (10/02)