2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State
02-07-2005 90079 016 ****61.25

DOCUMENT # 705266

1. Entity Name
NATCHEZ APARTMENTS INC

Principal Place of Business	Mailing Address
500 LAYNE BLVD HALLANDALE, FL 33009	500 LAYNE BLVD HALLANDALE, FL 33009

66008665

01282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1022618
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, BETTY
500 LAYNE BLVD
#6
HALLANDALE, FL 33009

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	HAASE, OMAIRA
STREET ADDRESS	500 LAYNE BLVD., #7
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	DP
NAME	FELDMAN, BETTY
STREET ADDRESS	500 LAYNE BLVD #6
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	DVP
NAME	ALTER, JACK
STREET ADDRESS	500 LAYNE BLVD #20
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	DT
NAME	MATHIEU, DANIEL
STREET ADDRESS	500 LAYNE BLVD.
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	MITROVIC, MIKE
STREET ADDRESS	500 LANE BLVD.
CITY-ST-ZIP	HALLANDALER, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [redacted] 1/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Daniel Mathieu V.P. 3/29/05