


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90018 018 ****70.00

| | | | | | |
|--|--|--|---|--|--|
| DOCUMENT # 705266 1. Entity Name NATCHEZ APARTMENTS INC | | | |  | |
| Principal Place of Business 500 LAYNE BLVD HALLANDALE, FL 33009 | | | Mailing Address 500 LAYNE BLVD HALLANDALE, FL 33009 | | |
| 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 | 4. FEI Number 59-1022618 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent FELDMAN, BETTY 500 LAYNE BLVD #6 HALLANDALE, FL 33009 | | | | 7. Name and Address of New Registered Agent Name LORRAINE RAGAN-DALEY Street Address (P.O. Box Number is Not Acceptable) 500 LAYNE BLVD #14 City HALLANDALE FL 33009 | |
| 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 <u>Lorraine Ragan-Daley</u> July 13, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS HAASE, OMAIRA 500 LAYNE BLVD., #7 HALLANDALE, FL 33009 | <input checked="" 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 | DP FELDMAN, BETTY 500 LAYNE BLVD #6 HALLANDALE, FL 33009 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PMD LORRAINE RAGAN-DALEY 500 LAYNE BLVD #14 HALLANDALE FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP ALTER, JACK 500 LAYNE BLVD #20 HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACK ALTER 500 LAYNE BLVD #20 HALLANDALE FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT MATHIEU, DANIEL 500 LAYNE BLVD. HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ANGELO PORPORINO 500 LAYNE BLVD #18 HALLANDALE FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MITROVIC, MIKE 500 LANE BLVD. HALLANDALE, FL 33009 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATHIEU, DANIEL 500 LAYNE BLVD #4 HALLANDALE FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAYDEE MESSORI 500 LAYNE BLVD #12 HALLANDALE FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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: <u>Lorraine Ragan-Daley</u> July 13, 2007 412-680-2858 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |