

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90001 023 ****61.25

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**

DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP

CR2E037 (4/06)

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

**RAGAN-DALEY, LORRAINE
500 LAYNE BLVD
#15
HALLANDALE, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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

Lorraine A. Ragan-Daley
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RAGAN-DALEY, LORRAINE
STREET ADDRESS	500 LAYNE BLVD #14
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	ALTER, JACK
STREET ADDRESS	500 LAYNE BLVD #20
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	DT
NAME	MATHIEU, DANIEL-ANGELO PORPORINO
STREET ADDRESS	500 LAYNE BLVD. #18
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	DV
NAME	MATHEW, DANIEL
STREET ADDRESS	500 LAYNE BLVD #4
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	HAYDEE, MESSORI
STREET ADDRESS	500 LAYNE BLVD #12
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Lorraine A. Ragan-Daley Pres Natchez Apts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/14/08 412-

531-3797

LORRAINE A RAGAN-DALEY Pres Natchez Apts.