

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90088 036 ****61.25

DOCUMENT # N00000008374

1. Entity Name

CCHA COMMUNITY OF LUXURY APARTMENTS, INC.



Principal Place of Business

**C/O EMERALDA SERRATA
1800 FARM WORKER WAY
IMMOKALEE FL 34142**

Mailing Address

**C/O EMERALDA SERRATA
1800 FARM WORKER WAY
IMMOKALEE FL 34142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3701852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, FRED N JR
1800 FARM WORKER WAY
IMMOKALEE FL 34142**

7. Name and Address of New Registered Agent

Name

Esmeralda Serrata

Street Address (P.O. Box Number is Not Acceptable)

1800 Farm Worker Way

City

Immokalee

FL

Zip Code

34142

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

Esmeralda Serrata

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

1/28/04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **DC** ☐ Delete
NAME **NEWSOME, ROBERT**
STREET ADDRESS **1320 NORTH 15TH STREET**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **VCD** ☐ Delete
NAME **ADAME, MARIA C**
STREET ADDRESS **PO BOX 3556**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **BMD** ☐ Delete
NAME **FLOYD, CREWS Z**
STREET ADDRESS **PO BOX 5157**
CITY-ST-ZIP **IMMOKALEE FL 34143**

TITLE **BMD** ☒ Delete
NAME **DORCAS, HOWARD F**
STREET ADDRESS **PO BOX 154**
CITY-ST-ZIP **IMMOKALEE FL 34143**

TITLE **BMD** ☐ Delete
NAME **TOWNSEND, GERTRUDE**
STREET ADDRESS **1200 APPELMINT LANE**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **STD** ☒ Delete
NAME **THOMAS, FRED N JR, PHM**
STREET ADDRESS **1800 FARM WORKER WAY**
CITY-ST-ZIP **IMMOKALEE FL 34142**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **BMD**
NAME **Flôres, Lillian**
STREET ADDRESS **P.O. Box 1515**
CITY-ST-ZIP **Immokalee, FL 34142**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **STD**
NAME **Esmeralda Serrata**
STREET ADDRESS **1800 Farm Worker Way**
CITY-ST-ZIP **Immokalee, FL 34142**

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:

Esmeralda Serrata
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

Date

(239) 657-3649

Daytime Phone #