

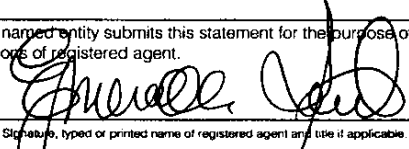
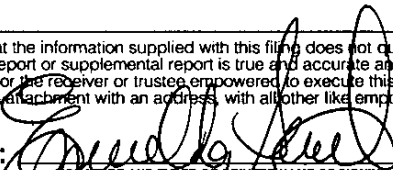


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90376 016 \*\*\*\*61.25

<b>DOCUMENT # N00000008374</b> 1. Entity Name <b>CCHA COMMUNITY OF LUXURY APARTMENTS, INC.</b>					
Principal Place of Business <b>C/O EMERALDA SERRATA— 1800 FARM WORKER WAY IMMOKALEE, FL 34142</b>			Mailing Address <b>C/O EMERALDA SERRATA— 1800 FARM WORKER WAY IMMOKALEE, FL 34142</b>		
2. Principal Place of Business <b>C/O Esmeralda Serrata</b> Suite, Apt. #, etc.		3. Mailing Address <b>C/O Esmeralda Serrata</b> Suite, Apt. #, etc.			
City & State		City & State		01172006    Chg-NP    CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-3701852</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>SERRATA, ESMERALDA 1800 FARM WORKER WAY IMMOKALEE, FL 34142</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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:  <b>Esmeralda Serrata/STD</b> <b>January 18, 2006</b> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAI ADAMS, MARIA C PO BOX 3556 IMMOKALEE, FL 34143</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC FLORES, LILLIAN PO BOX 1515 IMMOKALEE, FL 34143</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BMD NEWSOME, ROBERT 1320 NORTH 15TH STREET IMMOKALEE, FL 34142</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BMD TOWNSEND, GERTRUDE <del>1200 APPLE MINT LANE</del> IMMOKALEE, FL 34142</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SERRATA, ESMERALDA 1800 FARM WORKER WAY IMMOKALEE, FL 34142</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BMD FLOYD Z. CREWS P.O. Box 5157 IMMOKALEE, FL 34142</b>	<input type="checkbox"/> Delete			
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.			<b>SIGNATURE:</b>  <b>Esmeralda Serrata</b> <b>1/18/06</b> <b>(239) 657-3649</b> <small>Signature and typed or printed name of signing officer or director    Date    Daytime Phone #</small>		