

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008374

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** CCHA COMMUNITY OF LUXURY APARTMENTS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3701852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SERRATA, ESMERALDA  
1800 FARM WORKER WAY  
IMMOKALEE, FL 34142 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: BMD ( ) Delete  
Name: ADAME, MARIA C  
Address: PO BOX 3556  
City-St-Zip: IMMOKALEE, FL 34143

Title: BMD ( ) Delete  
Name: GOGUEN, BRIAN L  
Address: 2600 GOLDEN GATE PKWY  
City-St-Zip: NAPLES, FL 34105

Title: VC ( ) Delete  
Name: BARNHART, BERNARDO  
Address: 614 NEW MARKET RD W  
City-St-Zip: IMMOKALEE, FL 34142

Title: BMD ( ) Delete  
Name: TOWNSEND, GERTRUDE  
Address: 2201 CHADWICK CIR  
City-St-Zip: IMMOKALEE, FL 34142

Title: STD ( ) Delete  
Name: SERRATA, ESMERALDA  
Address: 1800 FARM WORKER WAY  
City-St-Zip: IMMOKALEE, FL 34142

Title: C ( ) Delete  
Name: CREWS, FLOYD Z  
Address: POB 5157  
City-St-Zip: IMMOKALEE, FL 34143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: BMD (X) Change ( ) Addition  
Name: GOLDEN, SUSAN M  
Address: 3200 BAILEY LANE  
City-St-Zip: NAPLES, FL 34105

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESMERALDA SERRATA

ED

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date