

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90160 033 \*\*\*\*61.25

DOCUMENT # N00000008374

1. Entity Name

CCHA COMMUNITY OF LUXURY APARTMENTS, INC.



Principal Place of Business

C/O FRED N. THOMAS JR  
1800 FARM WORKER WAY  
IMMOKALEE FL 34142

Mailing Address

C/O FRED N. THOMAS JR  
1800 FARM WORKER WAY  
IMMOKALEE FL 34142

2. Principal Place of Business

C/O Esmeralda Serrata

Suite, Apt. #, etc.

1800 Farm Worker Way

City & State

Immokalee, Florida

Zip

34142

Country

U.S.

3. Mailing Address

C/O Esmeralda Serrata

Suite, Apt. #, etc.

1800 Farm Worker Way

City & State

Immokalee, Florida

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

City

FL

Zip Code

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

1/21/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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  
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STREET ADDRESS  
CITY-ST-ZIP

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

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 1/21/03 (239) 657-3649

CR2E037 (10/02)