

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000009155**

1. Entity Name

CASA HOMES FOR SENIORS, INC.



Principal Place of Business

231 S DIXIE HWY  
POMPANO BEACH, FL 33060

Mailing Address

231 S DIXIE HWY  
POMPANO BEACH, FL 33060



03152006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3165954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMPFIELD, MINNIE  
616 NW 21ST CT  
POMPANO BEACH, FL 33060

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1100000476525  
04/06/06-80014-019 70.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CAMPFIELD, MINNIE  
STREET ADDRESS 616 NW 21ST COURT  
CITY-ST-ZIP POMPAN0 BEACH, FL 33060

TITLE V  
NAME SHOWERS, BESSIE  
STREET ADDRESS 4752 NW 6TH PLACE  
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE S  
NAME WALKER, KOTELIA  
STREET ADDRESS 2029 NW 14TH AVE  
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE T  
NAME HUDSON, JAMES  
STREET ADDRESS 629 E ATLANTIC BLVD  
CITY-ST-ZIP POMPAN0 BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/06

(954) 785-2064