

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007330

Entity Name: ALEXANDER APARTMENTS OF PLANT CITY, INC.**Current Principal Place of Business:**1001 WEST ALEXANDER STREET
PLANT CITY, FL 33563**Current Mailing Address:**5707 NORTH 22ND ST
TAMPA, FL 33610**FEI Number:** 59-3578632**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MENTAL HEALTH CARE, INC.
5707 NORTH 22ND ST
TAMPA, FL 33610 US*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

Officer/Director Detail :

Title PRESIDENT
Name BARRON, ELIZABETH
Address 3325 BAYSHORE BOULEVARD
 SUITE F-34
City-State-Zip: TAMPA FL 33629

Title OFFICER
Name SMITH, CAROLYN
Address 16303 AVILA BOULEVARD
City-State-Zip: TAMPA FL 33613

Title OFFICER
Name TARABOCCHIA, DAVID
Address 100 NORTH TAMPA STREET
 UNIT 1700
City-State-Zip: TAMPA FL 33602

Title OFFICER
Name SIKORSKI, RAY
Address 7905 HOPI PLACE
City-State-Zip: TAMPA FL 33634

Title SECRETARY/TREASURER
Name ERB, EDI
Address 4181 BRENTWOOD PARK CIRCLE
City-State-Zip: TAMPA FL 33624

Title OFFICER
Name BOSSON, JENNIFER
Address DEPT. PSYCHOLOGY - USF
 4202 EAST FOWLER AVENUE
 PCD4118G
City-State-Zip: TAMPA FL 33620

Title OFFICER
Name SUMERAU, JASON
Address UNIVERSITY OF TAMPA
 DEPARTMENT OF GOVERNMENT,
 HISTORY AND SOCIOLOGY 216
 PLANT HALL, 401 WEST KENNEDY
 BOULEVARD
City-State-Zip: TAMPA FL 33606

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH BARRON**CHAIRPERSON****04/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date