

**2025 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  
C/O SUSAN MORGAN  
TAMPA, FL 33610 US**FEI Number:** 59-3578632**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ERB, EDI  
4181 BRENTWOOD PARK CIRCLE  
TAMPA, FL 33624 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:** EDI ERB

04/14/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                            |
|-----------------|----------------------------|
| Title           | PRESIDENT                  |
| Name            | ERB, EDI                   |
| Address         | 4181 BRENTWOOD PARK CIRCLE |
| City-State-Zip: | TAMPA FL 33624             |

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

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

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | SECRETARY/TREASURER                 |
| Name            | TARABOCCHIA, DAVID                  |
| Address         | 100 NORTH TAMPA STREET<br>UNIT 1700 |
| City-State-Zip: | TAMPA FL 33602                      |

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

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

|                 |                      |
|-----------------|----------------------|
| Title           | OFFICER - NON VOTING |
| Name            | TYSON, ROAYA         |
| Address         | 5707 N 22ND ST       |
| City-State-Zip: | TAMPA FL 33610       |

|                 |                          |
|-----------------|--------------------------|
| Title           | CFO                      |
| Name            | JARDON, RALPH NON VOTING |
| Address         | 5707 NORTH 22ND STREET   |
| City-State-Zip: | TAMPA FL 33610           |

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:** EDI ERB

PRESIDENT

04/14/2025

Electronic Signature of Signing Officer/Director Detail

Date