## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007330

Entity Name: ALEXANDER APARTMENTS OF PLANT CITY, INC.

**FILED** Apr 05, 2017 **Secretary of State** CC0182819083

## **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:

Electronic Signature of 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:

Date

Officer/Director Detail :

Title **PRESIDENT** Title SECRETARY/TREASURER

BARRON, ELIZABETH O'BRIEN, KIM Name Name

450 CARILLON PARKWAY Address 3325 BAYSHORE BOULEVARD Address

SUITE F-34 SUITE 110

City-State-Zip: TAMPA FL 33629 City-State-Zip: ST. PETERSBURG FL 33716

Title **OFFICER** Title **OFFICER** 

Name ERB, EDI Name SMITH, CAROLYN

4181 BRENTWOOD PARK CIRCLE 16303 AVILA BOULEVARD Address Address

City-State-Zip: TAMPA FL 33613 TAMPA FL 33624 City-State-Zip:

Title **OFFICER** Title **OFFICER** 

Name BOSSON, JENNIFER CARRIER, MEL Name

DEPT. PSYCHOLOGY - USF 1901 WEST DEKLE AVENUE Address Address

4202 EAST FOWLER AVENUE City-State-Zip: TAMPA FL 33606

PCD4118G

TAMPA FL 33620 City-State-Zip: Title **OFFICER** 

TARABOCCHIA, DAVID Title OFFICER Name

Address 100 NORTH TAMPA STREET Name SUMERAU, JASON

**UNIT 1700** Address UNIVERSITY OF TAMPA

City-State-Zip: TAMPA FL 33602 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.

04/05/2017 SIGNATURE: ELIZABETH BARRON **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date