

2014 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	CP
Name	BARRON, ELIZABETH
Address	3325 BAYSHORE BLVD., STE. F-34
City-State-Zip:	TAMPA FL 33629

Title	OFFICER
Name	MASSOLIO, JOHN
Address	3403 FOREST BRIDGE CIRCLE
City-State-Zip:	BRANDON FL 33511

Title	SECRETARY/TREASURER
Name	ARTHUR, DOUG
Address	3013 WEST CHAPIN AVENUE
City-State-Zip:	TAMPA FL 33611

Title	OFFICER
Name	ERB, EDI
Address	1414 MARION STREET
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	RUTHERFORD, JOSEPH
Address	5707 NORTH 22ND ST
City-State-Zip:	TAMPA FL 33610

Title	OFFICER
Name	DIGENNARO, VALERIE
Address	C/O CADENCE BK - TWO URBANE CTR. 4890 WEST KENNEDY BOULEVARD 820
City-State-Zip:	TAMPA FL 33609

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

Title	OFFICER
Name	CARRIER, MEL
Address	1901 WEST DEKLE AVENUE
City-State-Zip:	TAMPA FL 33606

Continues on page 2

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: JOSEPH RUTHERFORD**DIRECTOR****02/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name WELCH, STEVEN
Address 5707 NORTH 22ND ST
City-State-Zip: TAMPA FL 33610