2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2020
Secretary of State
0823975107CC

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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 03/10/2020

Electronic Signature of Signing Officer/Director Detail — Date