

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90064 039 ****70.00

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1. Entity Name
BRANDON APARTMENTS, INC.



Principal Place of Business
**5705 N. 22ND ST.
TAMPA, FL 33610**

Mailing Address
**5705 N. 22ND ST.
TAMPA, FL 33610**

60017496

2. Principal Place of Business
5707 N. 22nd St.
Suite, Apt. #, etc.

3. Mailing Address
5707 N. 22nd St.
Suite, Apt. #, etc.

02072006 Chg-NP CR2E037 (11/05)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3621942

Applied For
Not Applicable

Zip
33510

Country
Hillsborough

Zip
33610

Country
Hillsborough

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MENTAL HEALTH CARE, INC.
5705 N. 22ND ST.
TAMPA, FL 33610

7. Name and Address of New Registered Agent

Name
MENTAL HEALTH CARE, INC.
Street Address (P.O. Box Number is Not Acceptable)
5707 N. 22nd St.
City
Tampa **FL** Zip Code
33610

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CHOATE, COL. ROBERT**
STREET ADDRESS **2866 BAYSHORE TRAILS DR.**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **PD** ☐ Delete
NAME **PARSONS, SALLY**
STREET ADDRESS **5103 S. MACDILL AVE**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **DST** ☐ Delete
NAME **BALLAS, EDWARD**
STREET ADDRESS **10401 SNUG HARBOR RD #241**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33702**

TITLE **D** ☐ Delete
NAME **BARRON, ELIZABETH**
STREET ADDRESS **3325 BAYSHORE BLVD., STE. F-34**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **D** ☐ Delete
NAME **MASSOLIO, JOHN**
STREET ADDRESS **3403 FOREST BRIDGE CIR.**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **D** ☐ Delete
NAME **RICE, JULIAN**
STREET ADDRESS **5707 N. 22ND STREET**
CITY-ST-ZIP **TAMPA, FL 33610**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Elliott, Edna**
STREET ADDRESS **111 S. Boulevard**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **D** ☐ Change ☒ Addition
NAME **McIntosh, Dolores**
STREET ADDRESS **2218 Malibu Dr.**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE **DST** ☒ Change ☐ Addition
NAME **Ballas, Edward**
STREET ADDRESS **12382 143rd St.**
CITY-ST-ZIP **Largo, FL 33774**

TITLE **D** ☐ Change ☒ Addition
NAME **Tabor, Sandra**
STREET ADDRESS **5707 N. 22nd St.**
CITY-ST-ZIP **Tampa, FL 33610**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sally Parsons*
Sally Parsons, President/Director

2/15/06 (813) 272-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #