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FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001278 (8)**

1. Corporation Name

ROME APARTMENTS, INC.

Principal Place of Business

Mailing Address

**5707 NORTH 22ND STREET
TAMPA FL 33610**

**5707 NORTH 22ND STREET
TAMPA FL 33610**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

59-3367808

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**MENTAL HEALTH CARE, INC.
5707 NORTH 22ND STREET
TAMPA FL 33610**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHOATE, ROBERT COL.	
STREET ADDRESS	2405 CAROLINA AVENUE	
CITY-ST-ZIP	TAMPA FL 33629	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD, DALE	
STREET ADDRESS	CENTURY 21/LINK REALTY, 1905 E BAKER ST #2	
CITY-ST-ZIP	PLANT CITY FL 33587	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MELLAN, WILLIAM A DR.	
STREET ADDRESS	HCC- ADMINIST., P O BOX 31127 N/A	
CITY-ST-ZIP	TAMPA FL 33631	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARSONS, SALLY	
STREET ADDRESS	908 BRUCE STREET	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRON, ELIZABETH	
STREET ADDRESS	3325 BAYSHORE BL., SUITE F-34	
CITY-ST-ZIP	TAMPA FL 33629	

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, GEORGE PH.D.	
STREET ADDRESS	11405 ORILA DEL RIO PLACE	
CITY-ST-ZIP	TAMPA FL 33617	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sally Parsons

Sally Parsons

2-5-98

(813) 272-2344

CR2007 (10/97)