

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-17-2006 90064 037 \*\*\*\*70.00

<b>DOCUMENT # N96000001278</b> 1. Entity Name <b>ROME APARTMENTS, INC.</b>					
Principal Place of Business <b>5707 NORTH 22ND STREET TAMPA, FL 33610</b>			Mailing Address <b>5707 NORTH 22ND STREET TAMPA, FL 33610</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3367808</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MENTAL HEALTH CARE, INC. 5707 NORTH 22ND STREET TAMPA, FL 33610</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOATE, ROBERT COL 2866 BAYSHORE TRAILS DR TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McIntosh, Dolores 2218 Malibu Dr. Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALLAS, ED 10401 SNUG HARBOR RD., #241 SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Ballas, Ed 12382 143rd St. Largo, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, JULIAN I 5707 N. 22ND STREET TAMPA, FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elliott, Edna 111 S. Boulevard Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARONS, SALLY 5103 S. MACDILL AVE TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tabor, Sandra 5707 N. 22nd St. Tampa, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, ELIZABETH 3325 BAYSHORE BL., SUITE F-34 TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tabor, Sandra 5707 N. 22nd St. Tampa, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSOLIO, JOHN 3403 FOREST BRIDGE CIR BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tabor, Sandra 5707 N. 22nd St. Tampa, FL 33610
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.					
<b>SIGNATURE: Robert Choate, President/Director</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date (813) 272-2244					