

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001278

FILED
Jan 10, 2012
Secretary of State

Entity Name: ROME APARTMENTS, INC.

Current Principal Place of Business:

5707 NORTH 22ND STREET
TAMPA, FL 33610

New Principal Place of Business:

8314 NORTH ROME AVENUE
TAMPA, FL 33604

Current Mailing Address:

5707 NORTH 22ND STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3367808 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: STD
Name: BALLAS, ED
Address: 12382 143RD ST
City-St-Zip: LARGO, FL 33774

Title: D
Name: HUNTER, DAVE
Address: 3813 MISTY WILLOW WAY
City-St-Zip: LUTZ, FL 33558

Title: D
Name: ARTHUR, DOUG
Address: BK OF TAMPA, 601 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33606

Title: D
Name: ERB, EDI
Address: 2105 NORTH NEBRASKA AVE., #2
City-St-Zip: TAMPA, FL 33602-611

Title: D
Name: MASSOLIO, JOHN
Address: 3403 FOREST BRIDGE CIR
City-St-Zip: BRANDON, FL 33511

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

CP

01/10/2012

Electronic Signature of Signing Officer or Director

Date