


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-17-2006 90064 038 \*\*\*\*70.00

<b>DOCUMENT # N96000006338</b> 1. Entity Name <b>HUBERT 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		4. FEI Number <b>59-3417481</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 33610, FL 33610</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (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	D ELLIOTT, EDNA 111 S BOULEVARD TAMPA, FL 33606	<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, EDWARD 10401 SNUG HARBOUR RD., #241 SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Ballas, Edward 12382 143rd St. Largo, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOATE, ROBERT 2866 BAYSHORE TRAILS DR TAMPA, FL 33611	<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 RICE, JULIAM 5707 N. 22ND STREET TAMPA, FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rice, Julian 5707 N. 22nd Street 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 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, ELIZABETH 3325 BAYSHORE BLVD. SUITE F-34 TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 
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 817, 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				(813) 272-2244 Daytime Phone #	