

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90063 047 \*\*\*\*70.00

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| <b>DOCUMENT # N98000001422</b><br>1. Entity Name<br>ARMENIA-EDDY APARTMENTS, INC.   |   |   |  |   |   |
| Principal Place of Business<br>5707 NORTH 22ND STREET<br>TAMPA, FL 33610  |   |   | Mailing Address<br>5707 NORTH 22ND STREET<br>TAMPA, FL 33610   |   |   |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address  |  |   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |   |   |
| City & State  |   | City & State  |  |   |   |
| Zip   | Country   | Zip   | Country  | 01082007    Chg-NP    CR2E037 (12/06)                               |   |
| 4. FEI Number<br>59-3503568   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable              |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |  |   |   |
| 6. Name and Address of Current Registered Agent   |   |   | 7. Name and Address of New Registered Agent  |   |   |
| MENTAL HEALTH CARE, INC.<br>5707 NORTH 22ND STREET<br>TAMPA, FL 33610   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstating) DATE</small>   |   |   |  |   |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                        |   |
|   |   | <b>Make check payable to</b><br><b>Florida Department of State</b>                  |  |   |   |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MCINTOSH, DELORES<br>2218 MALIBU DR.<br>BRANDON, FL 33511          | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | D<br>BARRON, ELIZABETH<br>3325 BAYSHORE BLVD., STE. F-34<br>TAMPA, FL 33629 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>TABOR, SANDRA<br>5707 N. 22ND STREET<br>TAMPA, FL 33610            | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | D<br>MASSOLIO, JOHN<br>3403 FOREST BRIDGE CIR.<br>BRANDON, FL 33511         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>CHOATE, ROBERT COL.<br>2866 BAYSHORE TRAILS DR<br>TAMPA, FL 33611 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ELLIOTT, EDNA<br>111 S. BOULEVARD<br>TAMPA, FL 33606               | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DTS<br>BALLAS, EDWARD<br>12382 143RD ST<br>LARGO, FL 33774              | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>RICE, JULIAN<br>5707 NORTH 22ND STREET<br>TAMPA, FL 33610          | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| 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</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |  | 1/23/07    (813) 272-2244<br><small>Date    Daytime Phone #</small> |   |