



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90007 048 \*\*\*\*70.00

<b>DOCUMENT # N98000001422</b> 1. Entity Name ARMENIA-EDDY APARTMENTS, INC.					
Principal Place of Business 5707 NORTH 22ND STREET TAMPA, FL 33610			Mailing Address 5707 NORTH 22ND STREET TAMPA, FL 33610		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01232008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3503568	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MENTAL HEALTH CARE, INC. 5707 NORTH 22ND STREET TAMPA, FL 33610				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2008</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>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, ELIZABETH 3325 BAYSHORE BLVD., STE. F-34 TAMPA, FL 33629	<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Massolio 3403 Forest Bridge Cir. Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABOR, SANDRA 5707 N. 22ND STREET TAMPA, FL 33610	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Massolio 3403 Forest Bridge Cir. Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHOATE, ROBERT COL. 2866 BAYSHORE TRAILS DR TAMPA, FL 33611	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Massolio 3403 Forest Bridge Cir. Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, EDNA 111 S. BOULEVARD TAMPA, FL 33606	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Massolio 3403 Forest Bridge Cir. Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BALLAS, EDWARD 12382 143RD ST LARGO, FL 33774	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Massolio 3403 Forest Bridge Cir. Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, JULIAN 5707 NORTH 22ND STREET TAMPA, FL 33610	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Massolio 3403 Forest Bridge Cir. Brandon, FL 33511
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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/12/08 Daytime Phone #: 813-272-2244					