

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-17-2006 90064 035 \*\*\*\*70.00

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<b>DOCUMENT # N98000007330</b> 1. Entity Name ALEXANDER APARTMENTS OF PLANT CITY, INC.					
Principal Place of Business 5707 NORTH 22ND ST TAMPA, FL 33610			Mailing Address 5707 NORTH 22ND ST TAMPA, FL 33610		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MENTAL HEALTH CARE, INC. 5707 NORTH 22ND ST TAMPA, FL 33610				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> Added to Fees	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, EDNA 111 S BLVD TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McIntosh, Dolores 2218 Malibu Dr. Brandon, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BALLAS, EDWARD 10401 SNUG HARBOR RD. #241 SAINT PETERSBURG, FL 33702		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Ballas, Edward 12382 143rd St. Largo, FL 33774	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOATE, ROBERT COL. 2866 BAYSHORE TRAILS DR. TAMPA, FL 33611		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Choate, Robert Col. 2866 Bayshore Trails Dr. Tampa, FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSOLIO, JOHN 3403 FOREST BRIDGE CIR. BRANDON, FL 33511		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 BLVD, STE F-34 TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, JULIAN 5707 N. 22ND STREET TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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> (813) 272-2244 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					