

**2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N96000001278

**Entity Name:** ROME APARTMENTS, INC.**Current Principal Place of Business:**8314 NORTH ROME AVENUE  
TAMPA, FL 33604**Current Mailing Address:**5707 NORTH 22ND STREET  
C/O SUSAN MORGAN  
TAMPA, FL 33610 US**FEI Number:** 59-3367808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDI, ERB  
5707 NORTH 22ND STREET  
C/O SUSAN MORGAN  
TAMPA, FL 33610 US*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:** EDI ERB**03/09/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ERB, EDI  
Address        4181 BRENTWOOD PARK CIRCLE  
City-State-Zip: TAMPA FL 33624

Title            OFFICER  
Name            SMITH, CAROLYN  
Address        16303 AVILA BOULEVARD  
City-State-Zip: TAMPA FL 33613

Title            OFFICER  
Name            SUMERAU, JASON  
Address        UNIVERSITY OF TAMP  
DEPARTMENT OF GOVERNMENT,  
HISTORY AND SOCIOLOGY 216  
PLANT HALL, 401 WEST KENNEDY  
BOULEVARD  
City-State-Zip: TAMPA FL 33606

Title            OFFICER - NON VOTING  
Name            TYSON, ROAYA NON VOTING  
Address        5707 N 22ND ST  
City-State-Zip: TAMPA FL 33610

Title            SECRETARY/TREASURER  
Name            TARABOCCHIA, DAVID  
Address        100 NORTH TAMPA STREET  
SUITE 1700  
City-State-Zip: TAMPA FL 33602

Title            OFFICER  
Name            BOSSON, JENNIFER  
Address        DEPT. PSYCHOLOGY - USF  
4202 EAST FOWLER AVENUE  
PCD4118G  
City-State-Zip: TAMPA FL 33620

Title            OFFICER  
Name            SIKORSKI, RAY  
Address        7905 HOPI PLACE  
City-State-Zip: TAMPA FL 33634

Title            CFO  
Name            JARDON, RALPH  
Address        5707 NORTH 22ND STREET  
City-State-Zip: TAMPA FL 33610

*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:** EDI ERB**PRESIDENT****03/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date