FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 MAR 22 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 95000005294

1. Corporation Name: Roser Park Neighborhood Association, Inc.

Principal Place of Business / Mailing Address: 682 Roser Park Dr. S. St. Petersburg, FL 33701

3. Date Incorporated or Qualified: 11/06/1995
3a. Date of Last Report: 5/96

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Styles, Jerry
924 8th St. S.
St. Petersburg, FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

000002122920--3
-03/25/97--01002--006
*****61.25 *****61.25

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jerry Styles
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Director ☐ Change ☐ Addition
1.2 NAME		Styles, Jerry
1.3 STREET ADDRESS		924 8th St. S.
1.4 CITY-ST-ZIP		St. Petersburg, FL 33701
2.1 TITLE	D	Director ☐ Change ☐ Addition
2.2 NAME		Motylka, Ron
2.3 STREET ADDRESS		660 Roser Park Dr. S.
2.4 CITY-ST-ZIP		St. Petersburg FL 33701
3.1 TITLE	D	Director ☐ Change ☐ Addition
3.2 NAME		Guthrie, Gary M.
3.3 STREET ADDRESS		682 Roser Park Dr. S.
3.4 CITY-ST-ZIP		St. Petersburg FL 33701
4.1 TITLE	D	Director ☐ Change ☑ Addition
4.2 NAME		Croxton, Muriel
4.3 STREET ADDRESS		802 Roser Park Dr. S.
4.4 CITY-ST-ZIP		St. Petersburg, FL 33701
5.1 TITLE	D	Director ☐ Change ☑ Addition
5.2 NAME		Camfferman, Debra
5.3 STREET ADDRESS		714 Roser Park Dr. S
5.4 CITY-ST-ZIP		St. Petersburg FL 33701
6.1 TITLE	D	Director ☐ Change ☐ Addition
6.2 NAME		Lovell, Arlene
6.3 STREET ADDRESS		913 Prospect St. S.
6.4 CITY-ST-ZIP		St. Petersburg FL 33701

A. Allen 3/22/97

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary M. Guthrie — Gary M. Guthrie — 3-12-97 — (813) 821-4674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #