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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005294 (2)

1. Corporation Name
ROSER PARK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business 682 ROSER PARK DR. S. ST. PETERSBURG FL 33701	Mailing Address 682 ROSER PARK DR. S. ST. PETERSBURG FL 33701
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3. Date Incorporated or Qualified
11/06/1995

4. FEI Number
NOT APPLICABLE

2. Principal Place of Business
 21. Suite, Apt. #, etc.

2a. Mailing Address
 26. Suite, Apt. #, etc.

23. City & State
 28. City & State

24. Zip
 25. Country
 29. Zip
 30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**STYLES, JERRY
 924 8TH STREET SOUTH
 ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
 81 Name **DEBRA CAMFFERMAN**
 82 Street Address (P.O. Box Number is Not Acceptable)
714 ROSER PARK DR. S.
 83
 84 City **ST. PETERSBURG FL** 85 Zip Code **33701**

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 Debra Camfferman **DEBRA CAMFFERMAN, TREASURER** 4/11/98
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STYLES, JERRY	
STREET ADDRESS	680 ROSER PARK DR SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOTYKA, RON	
STREET ADDRESS	660 ROSER PARK DR. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTHRIE, GARY M	
STREET ADDRESS	682 ROSER PARK DRIVE S.	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROXTON, MURIEL	
STREET ADDRESS	802 ROSER PARK DRIVE S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMFFERMAN, DEBRA	
STREET ADDRESS	714 ROSER PARK DRIVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOWELL, ARLENE	
STREET ADDRESS	913 PROSPECT CT SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: Debra Camfferman, Treasurer 4/11/98 813-898-9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (optional)

CR2E037 (10/97)