

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005294

**Entity Name:** HISTORIC ROSER PARK NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**714  
ROSER PARK DR S  
ST PETERSBURG, FL 33701**Current Mailing Address:**714  
ROSER PARK DR S  
ST PETERSBURG, FL 33701 US**FEI Number:** 59-3645803**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMFFERMAN, DEBRA A  
714  
ROSER PARK DR S  
ST PETERSBURG, FL 33701 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:** DEBRA A CAMFFERMAN

04/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** PONTORIERO, DOMENICO  
**Address** 670 10TH AVE S  
**City-State-Zip:** ST. PETERSBURG FL 33701**Title** SECRETARY  
**Name** JONES, LARA  
**Address** 668 11TH AVE S  
**City-State-Zip:** ST. PETERSBURG FL 33701**Title** TREASURER  
**Name** CAMFFERMAN, DEBRA  
**Address** 714  
ROSER PARK DR S  
**City-State-Zip:** ST PETERSBURG FL 33701**Title** VP  
**Name** LAUDIEN-MEO, SYLVIA  
**Address** 846 8TH AVE S  
**City-State-Zip:** ST. PETERSBURG FL 33701**Title** DIRECTOR  
**Name** OVE, STEPHEN  
**Address** 870 9TH AVE S  
**City-State-Zip:** ST PETERSBURG FL 33701**Title** DIRECTOR  
**Name** BAUGH, MICHAEL  
**Address** 851 10TH AVE S  
**City-State-Zip:** ST PETERSBURG FL 33701**Title** DIRECTOR  
**Name** JENKINS, DAVID  
**Address** 827 12TH AVE S  
**City-State-Zip:** ST PETERSBURG FL 33701**Title** DIRECTOR  
**Name** MANLOVE, MADELINE  
**Address** 1033 8TH ST S  
**City-State-Zip:** ST PETERSBURG FL 33701**Continues on page 2**

*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:** DEBRA CAMFFERMAN

TREASURER

04/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SCHAEFER, OLYA  
Address 609 11TH AVE S  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name WRIGHT, STEPHENI  
Address 924 8TH ST S  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name SCHUETZ, BRETT  
Address 848 8TH AVE S  
City-State-Zip: ST PETERSBURG FL 33701