

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005294

Entity Name: HISTORIC ROSER PARK NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**840 9TH AVE S
ST. PETERSBURG, FL 33701**Current Mailing Address:**840 9TH AVE S
ST. PETERSBURG, FL 33701 US**FEI Number: 59-3645803****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KALOOSTIAN, ALEXIS A
840 9TH AVE 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: ALEXIS KALOOSTIAN****04/15/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, DIRECTOR
Name BIDDLE, LARRY
Address 913 PROSPECT CT S
City-State-Zip: ST. PETERSBURG FL 33701

Title PRESIDENT
Name NIVENS, CATHERINE
Address 909 PROSPECT CT S
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name SUPRENAND, LISA
Address 835 7TH STREET S
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name EWE, SHARON
Address 700 10TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name GYSON, ADAM
Address 675 10TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name KALOOSTIAN, ARON
Address 840 9TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title TREASURER
Name KALOOSTIAN, ALEXIS
Address 840 9TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title VP
Name POSEY, KATHY
Address 862 10TH AVENUE SOUTH
City-State-Zip: ST PETERSBURG FL 33701

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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: ALEXIS KALOOSTIAN**TREASURER****04/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name MOTYKA, RON
Address 659 10TH AVE S
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name WARREN, KAI
Address 691 10TH AVE S
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name HOHMAN, PATRICIA
Address 669 12TH AVE S
City-State-Zip: ST. PETERSBURG FL 33701