

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90529 011 ****61.25

DOCUMENT # N95000005294

1. Entity Name
HISTORIC ROSER PARK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**691 10TH AVE S
 ST. PETERSBURG, FL 33701**

Mailing Address
**691 10TH AVE S
 ST. PETERSBURG, FL 33701**

50045986



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**WARREN, KAI
 691 10TH AVE SO
 ST PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name: **Richard Williams**
 Street Address (P.O. Box Number is Not Acceptable): **834 9th Ave. S.**
 City: **St. Petersburg, FL** Zip Code: **33701**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOTYKA, RON	
STREET ADDRESS	660 ROSER PARK DR S	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WARREN, KAI	
STREET ADDRESS	691 10TH AVE S	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUTHRIE, GARY	OK
STREET ADDRESS	682 ROSER PARK DR. S	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BROUILLETTE, BRUCE	
STREET ADDRESS	903 PROSPECT CT. S.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHAW, JANE	
STREET ADDRESS	864 8TH AVE. SO.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIEBNER, RICHARD	
STREET ADDRESS	534 ROSER PARK DR.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Richard Williams	
STREET ADDRESS	834 9th Ave S	
CITY-ST-ZIP	St. Pete FL 33701	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Whittingham	
STREET ADDRESS	924 8th St S	
CITY-ST-ZIP	ST. PETE FL. 33701	
TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Lorraine Picouat	
STREET ADDRESS	859 9th Ave S	
CITY-ST-ZIP	ST. PETE FL 33701	
TITLE	TRCS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Giebner	
STREET ADDRESS	534 Roser Park Dr. S.	
CITY-ST-ZIP	St. Pete FL 33701	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emily Berns	
STREET ADDRESS	844 10th Ave S	
CITY-ST-ZIP	St. Pete FL 33701	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Cardona	
STREET ADDRESS	904 Prospect Ct	
CITY-ST-ZIP	St. Pete FL 33701	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-05 727-822-2250

St. Pete. Fl. 33701

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Barbara Whittingham (vice pres)
924 8th St. S.
St. Pete Fl. 33701

Philippe Piquat (sec)
859 9th Ave S.
St. Pete. Fl. 33701

Richard Giebner (tres)
534 Roser Park Dr. S.
St. Pete. Fl. 33701

Emily Burns
844 10th Ave S.
St. Pete. Fl. 33701

Michele Cardinal
909 Prospect Ct.
St. Pete. Fl. 33701

Catherine Nivens
844 Prospect Ct.
st. Pete. Fl. 33701

Michael Manlowe
859 9th Ave. S.
St. Pete. Fl. 33701

Trey McDonald
822 8th Ave. S
St. Pete Fl. 33701

Mark Smith
1041 8th St. S.
St. Pete. Fl. 33701

Tim Welby
644 10th Ave S
St. Pete. Fl 33701

ATTACHMENT

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