

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005294

FILED
Mar 01, 2009
Secretary of State

Entity Name: HISTORIC ROSER PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

714 ROSER PARK DR S
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

714 ROSER PARK DR S
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-3645803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMFFERMAN, DEBRA A
714 ROSER PARK DR S
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BIDDLE, LARRY
Address: 913 PROSPECT CT S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VP () Delete
Name: NIVENS, CATHERINE
Address: 909 PROSPECT CT S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: S () Delete
Name: PAVONETTI, NICHOLAS
Address: 876 ROSER PARK DR S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: T () Delete
Name: CAMFFERMAN, DEBRA A
Address: 714 ROSER PARK DR S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: WARREN, KAI
Address: 691 10TH AVE S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: MANLOWE, MICHAEL
Address: 859 9TH AVE S
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBRA A CAMFFERMAN

T

03/01/2009

Electronic Signature of Signing Officer or Director

Date