

General Information

Name: KAREN ROSE

PID 81782

AGENCY INFORMATION

Organization	Suborganization	Title
State College of Florida, Manatee-Sarasota	Board Of Trustees	SCF District Board of Trustees

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)
 (If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Empower	Greenwood Village Co	401k
Social Security	Washington DC	Retirement

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description
3545 Cleveland Ave. Ft Myers Fl
8557 Milestone Dr Sarasota Fl
Tamiami Trail North Port Fl
3046 Markridge Rd Sarasota Fl
2512 Post Rd Sarasota Fl
3014 Bispham Rd Sarasota Fl
1084 Sun & Sea Sarasota Fl
5922 Albert Place Sarasota Fl

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
Cash, Checking, Savings	Personal Bank Account
Mutual Funds	Personal 401k Account
Mutual Funds	Personal Brokerage Account

Liabilities

LIABILITIES (Major debts valued over \$10,000):
 (If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
Truist Bank	Greenville SC

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
 (If you have nothing to report, write "none" or "n/a")

Business Entity # 1
N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Filer

KAREN ROSE

Digitally signed: 07/03/2025

Filed with COE: 07/03/2025