

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05260** (7)
1. Corporation Name
502 TO 514 NORTHEAST 19TH STREET ASSOCIATION, IN C.

Principal Place of Business
**514 N.E. 19TH ST.
WILTON MANORS FL 33305**

Mailing Address
**514 N.E. 19TH ST.
WILTON MANORS FL 33305**



800001848378
-06/03/96--01056--036
***61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1984		3a. Date of Last Report 06/20/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2448476		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, DAVID W
502 N.E. 19TH ST.
WILTON MANORS FL 33305

81 Name	R. BRUCE BARNES
82 Street Address (P.O. Box Number is Not Acceptable)	506 NE 19 ST
83	
84 City	WILTON MANORS
85 State	FL
86 Zip Code	33305

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	PD
NAME	NEWMAN, DAVID W.	12 NAME	R BRUCE BARNES
STREET ADDRESS	502 N.E. 19TH ST.	13 STREET ADDRESS	506 NE 19 ST
CITY-ST-ZIP	WILTON MANORS FL	14 CITY-ST-ZIP	WILTON MANORS FL 33305
TITLE	VD	21 TITLE	SD
NAME	COSBY, JODY	22 NAME	SABRA THORNTON-BARNES
STREET ADDRESS	504 N.E. 19TH ST.	23 STREET ADDRESS	506 NE 19 ST
CITY-ST-ZIP	WILTON MANORS FL	24 CITY-ST-ZIP	WILTON MANORS FL 33305
TITLE	TD	31 TITLE	NANCY ROTROFF VD
NAME	MILLER, SANDRA L.	32 NAME	504 NE 19 ST
STREET ADDRESS	514 N.E. 19TH ST.	33 STREET ADDRESS	WILTON MANORS FL 33305
CITY-ST-ZIP	WILTON MANORS FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	WALDA V D
NAME	R BRUCE BARNES	42 NAME	WALDA BETTENHAUSEN
STREET ADDRESS		43 STREET ADDRESS	508 NE 19 ST
CITY-ST-ZIP		44 CITY-ST-ZIP	WILTON MANORS FL 33305
TITLE		51 TITLE	VD
NAME		52 NAME	DANIEL B. GREEK
STREET ADDRESS		53 STREET ADDRESS	512 NE 19 ST
CITY-ST-ZIP		54 CITY-ST-ZIP	WILTON MANORS FL 33305
TITLE		61 TITLE	VD
NAME		62 NAME	LINDA M CIANI
STREET ADDRESS		63 STREET ADDRESS	502 NE 19 ST
CITY-ST-ZIP		64 CITY-ST-ZIP	WILTON MANORS FL 33305

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (954) 564-8342

CR2E037 (12/95)