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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

514 N.E. 19TH ST.  
WILTON MANORS FL 33305

514 N.E. 19TH ST.  
WILTON MANORS FL 33305-3915



3. Date Incorporated or Qualified  
09/20/1984

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-2448476

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNES, BRUCE R.  
506 N.E. 19TH ST.  
WILTON MANORS FL 33305

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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 PD ☐ DELETE  
NAME BARNES, BRUCE R.  
STREET ADDRESS 506 N.E. 19TH ST.  
CITY-ST-ZIP WILTON MANORS FL 33305

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME BARNES-THORTON, SABRA  
STREET ADDRESS 506 N.E. 19TH ST.  
CITY-ST-ZIP WILTON MANORS FL 33305

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME MILLER, SANDRA L.  
STREET ADDRESS 514 N.E. 19TH ST.  
CITY-ST-ZIP WILTON MANORS FL 33305

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME ROTROFF, NANCY  
STREET ADDRESS 504 N.E. 19TH ST.  
CITY-ST-ZIP WILTON MANORS FL 33305

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME BETTENHAUSEN, WALDA  
STREET ADDRESS 508 N.E. 19TH ST.  
CITY-ST-ZIP WILTON MANORS FL 33305

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME GREER, DANIEL M.  
STREET ADDRESS 508 N.E. 19TH ST.  
CITY-ST-ZIP WILTON MANORS FL 33305

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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

Date

Daytime Phone # 0035700

CR2E037 (9/96)