


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
09/20/1984

4. FEI Number 59-2448476	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No N/A

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARNES, BRUCE R.	
STREET ADDRESS	506 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARNES-THORTON, SABRA	
STREET ADDRESS	506 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, SANDRA L.	
STREET ADDRESS	514 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROTHOFF, NANCY	
STREET ADDRESS	504 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BETTENHAUSEN, WALDA	
STREET ADDRESS	506 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREER, DANIEL M.	
STREET ADDRESS	506 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:  REQUIRED

4/22/98 (424) 506 8382

CR2E037 (10/97)