

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05260

Entity Name: 502 TO 514 NORTHEAST 19TH STREET ASSOCIATION, INC.**Current Principal Place of Business:**502-514 NE 19TH STREET
WILTON MANORS, FL 33305**Current Mailing Address:**504 NE 19TH STREET
WILTON MANORS, FL 33305**FEI Number:** 59-2448476**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROTROFF, NANCY
504 NE 19TH STREET
WILTON MANORS, FL 33305 US*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

Officer/Director Detail :

Title ASST. TREASURER
Name KAPLAN, FRED
Address 506 NE 19ST
City-State-Zip: WILTON MANORS FL 33305

Title PRESIDENT
Name CIANI, LINDA
Address 502 NE 19TH STREET
City-State-Zip: WILTON MANORS FL 33305

Title SECRETARY
Name SCOTT, OJEDA
Address 514 NE 19TH STREET
City-State-Zip: WILTON MANORS FL 33305

Title ASST. TREASURER
Name SLAUGHTER, PHIL
Address 512 NE 19TH ST.
City-State-Zip: WILTON MANORS FL 33305

Title PRESIDENT
Name NANCY, ROTROFF
Address 504 NE 19TH ST
City-State-Zip: WILTON MANORS FL 33305

Title VP
Name AKIN, ROGER
Address 510 NE 19TH STREET
City-State-Zip: WILTON MANORS FL 33305

Title ASST. SECRETARY
Name FERRAZ DE CAMPOS, ANA HELENA
Address 508 NE 19TH STREET
City-State-Zip: WILTON MANORS FL 33305

I hereby 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 all other like empowered.

SIGNATURE: NANCY ROTROFF**NANCYROTROFF****09/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date