

**2015 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	PRESIDENT
Name	KAPLAN, FRED
Address	506 NE 19ST
City-State-Zip:	WILTON MANORS FL 33305

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

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

Title	TREASURER
Name	CIANI, LINDA
Address	502 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	ASST. SECRETARY
Name	BURKHARDT, WILLIAM
Address	510 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

ASST SECRETARY

03/30/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date