

**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, INC.**



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

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

3. Date Incorporated or Qualified <b>09/20/1984</b>	3a. Date of Last Report <b>06/20/1995</b>
4. FEI Number <b>59-2448476</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

**9. Name and Address of Current Registered Agent**  
**NEWMAN, DAVID W**  
**502 N.E. 19TH ST.**  
**WILTON MANORS FL 33305**

**10. Name and Address of New Registered Agent**  
81 Name **R. BRUCE BARNES**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**506 NE 19 ST**  
83  
84 City **WILTON MANORS** FL 85 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]* DATE: **5/17/96**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD NEWMAN, DAVID W. 502 N.E. 19TH ST. WILTON MANORS FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD COSBY, JODY 504 N.E. 19TH ST. WILTON MANORS FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MILLER, SANDRA L. 514 N.E. 19TH ST. WILTON MANORS FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD R. BRUCE BARNES</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD R. BRUCE BARNES 506 NE 19 ST WILTON MANORS FL 33305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>SD SABRA THORNTON-BARNES 506 NE 19 ST WILTON MANORS FL 33305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>NANCY ROTROFF VD 504 NE 19 ST WILTON MANORS FL 33305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>VA VD WALDA BETTENHAUSEN 508 NE 19 ST WILTON MANORS FL 33305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>VD DANIEL B. GREEK 512 NE 19 ST WILTON MANORS FL 33305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>VD LINDA M CIANI 502 NE 19 ST WILTON MANORS FL 33305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]* DATE: **4/17/96** (954) **564-8342**

CR2E037 (12/95)