


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. Mortham 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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No **N/A**

9. Name and Address of Current Registered Agent

**BARNES, BRUCE R.
 508 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, BRUCE R.	1.2 NAME	
STREET ADDRESS	508 N.E. 19TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES-THORTON, SABRA	2.2 NAME	
STREET ADDRESS	508 N.E. 19TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SANDRA L.	3.2 NAME	
STREET ADDRESS	514 N.E. 19TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTROFF, NANCY	4.2 NAME	
STREET ADDRESS	504 N.E. 19TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTENHAUSEN, WALDA	5.2 NAME	
STREET ADDRESS	508 N.E. 19TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, DANIEL M.	6.2 NAME	
STREET ADDRESS	508 N.E. 19TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305	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: *[Signature]* **REQUIRED** 4/22/98 (474) 508 8382

CR2E037 (10/97)