

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90060 015 \*\*\*\*61.25

**DOCUMENT # N05260**

1. Entity Name

**502 TO 514 NORTHEAST 19TH STREET ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

**514 N.E. 19TH ST.  
 WILTON MANORS FL 33305**

**514 N.E. 19TH ST.  
 WILTON MANORS FL 33305**

2. Principal Place of Business

3. Mailing Address

**502-514 NE. 19th St**

**504 NE 19th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WILTON MANORS, FL**

City & State

**WILTON MANORS, FL**

4. FEI Number

**59-2448476**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEMANSKI, MARIA C PD  
 514 N.E. 19TH ST.  
 WILTON MANORS FL 33305**

Name **NANCY ROTROFF**

Street Address (P.O. Box Number is Not Acceptable)

**504 NE 19th St.**

City

**WILTON MANORS**

FL

Zip Code

**33305**

8. 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

**NANCY ROTROFF**

*Nancy Rotroff*

**3.17.02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ROTOFF, NANCY</b> <b>504 NE 19 ST</b> <b>WILTON MANORS FL 33305</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GREER, MARY</b> <b>512 NE 19 ST</b> <b>WILTON MANORS FL 33305</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GREER, DANIEL R</b> <b>512 NE 19 ST</b> <b>WILTON MANORS FL 33305</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CIONI, LINDA</b> <b>502 NE 19 ST</b> <b>WILTON MANORS FL 33305</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LEMANSKI, DAVID</b> <b>514 NE 19 ST</b> <b>WILTON MANORS FL 33305</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LEMANSKI, MARIA C</b> <b>514 NE 19 ST</b> <b>WILTON MANORS FL 33305</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LARRY ELLISON</b> <b>506 NE 19th St</b> <b>WILTON MANORS, FL 33305</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HILLIARD SMITH</b> <b>508 NE 19th St.</b> <b>WILTON MANORS, FL. 33305</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TACO VAN HENGEZ</b> <b>510 NE 19th St.</b> <b>WILTON MANORS, FL. 33305</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KATHY STEWART</b> <b>514 NE. 19th St.</b> <b>WILTON MANORS, FL. 33305</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE ROTROFF*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.14.02**

**954-928-1666**

Date

Daytime Phone #

CR2E037 (9/01)