

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 13, 2004  
Secretary of State**

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

**New Principal Place of Business:**

**Current Mailing Address:**

504 NE 19TH STREET  
WILTON MANORS, FL 33305

**New Mailing Address:**

FEI Number: 59-2448476      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROTROFF, NANCY  
504 NE 18TH STREET  
WILTON MANORS, FL 33305      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: ELLISON, LARRY  
Address: 506 NE 19ST  
City-St-Zip: WILTON MANORS, FL 33305

Title: SD      ( ) Delete  
Name: SMITH, HILLIARD  
Address: 508 NE 19TH ST  
City-St-Zip: WILTON MANORS, FL 33305

Title: VD      ( ) Delete  
Name: VAN HENGEL, TACO  
Address: 510 NE 19TH STREET  
City-St-Zip: WILTON MANORS, FL 33305

Title: VD      ( ) Delete  
Name: STEWART, KATHY  
Address: 514 NE 19TH STR  
City-St-Zip: WILTON MANORS, FL 33305

Title: SD      ( ) Delete  
Name: GREER, DAN  
Address: 512 NE 19TH ST.  
City-St-Zip: WILTON MANORS, FL 33305

Title: VD      ( ) Delete  
Name: ROTROFF, NANCY  
Address: 504 NE 19TH ST  
City-St-Zip: WILTON MANORS, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD      (X) Change ( ) Addition  
Name: TUTTLE, DAVE  
Address: 510 NE 19TH STREET  
City-St-Zip: WILTON MANORS, FL 33305

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NANCY ROTROFF

VD

01/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date