

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.



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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, DAVID W
502 N.E. 19TH ST.
WILTON MANORS FL 33305

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

(NOTE: Registered Agent signature required when reinstating)

5/17/96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD NEWMAN, DAVID W. 502 N.E. 19TH ST. WILTON MANORS FL	1.1 TITLE	PD R BRUCE BARNES 506 NE 19 ST WILTON MANORS FL 33305
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD COSBY, JODY 504 N.E. 19TH ST. WILTON MANORS FL	2.1 TITLE	SD SABRA THORNTON-BARNES 506 NE 19 ST WILTON MANORS FL 33305
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD MILLER, SANDRA L. 514 N.E. 19TH ST. WILTON MANORS FL	3.1 TITLE	NANCY ROTROFF VD 504 NE 19 ST WILTON MANORS FL 33305
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD R BRUCE BARNES	4.1 TITLE	VA VD WALDA BETTENHAUSEN 508 NE 19 ST WILTON MANORS FL 33305
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VD DANIEL B. GREEK 512 NE 19 ST WILTON MANORS FL 33305
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	VD LINDA M CIANI 502 NE 19 ST WILTON MANORS FL 33305
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (954) 564-8342

DATE

PHONE NUMBER

CR2E037 (12/95)