

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 04, 2009
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 19TH 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: CIANI, LINDA
Address: 502 NE 19TH STREET
City-St-Zip: WILTON MANORS, FL 33305

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

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

Title: VD () Delete
Name: NANCY, ROTROFF
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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 exemption stated in Chapter 119, 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

03/04/2009

Electronic Signature of Signing Officer or Director

Date