

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05260

**FILED**  
**Feb 08, 2013**  
**Secretary of State**  
**CC2637759488**

**Entity Name:** 502 TO 514 NORTHEAST 19TH STREET ASSOCIATION, INC.

**Current Principal Place of Business:**

502-514 NE 19TH STREET  
WILTON MANORS, FL 33305

**Current Mailing Address:**

504 NE 19TH STREET  
WILTON MANORS, FL 33305

**FEI Number:** 59-2448476

**Certificate of Status Desired:** No

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

ROTROFF, NANCY  
504 NE 19TH STREET  
WILTON MANORS, FL 33305 US

*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

**Officer/Director Detail :**

Title TD  
Name KAPLAN, FRED  
Address 506 NE 19ST  
City-State-Zip: WILTON MANORS FL 33305

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

Title VD  
Name CIANI, LINDA  
Address 502 NE 19TH STREET  
City-State-Zip: WILTON MANORS FL 33305

Title VD  
Name MARTIN, DIAZ  
Address 514 NE 19TH STREET  
City-State-Zip: WILTON MANORS FL 33305

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

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

*I hereby 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 all other like empowered.*

**SIGNATURE:** NANCY ROTROFF

**VICE PRESIDENT**

**02/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date