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**Feb 07 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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, 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 33305-3915**

3. Date Incorporated or Qualified
09/20/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2448476

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNES, BRUCE R.
506 N.E. 19TH ST.
WILTON MANORS FL 33305**

81 Name

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

83

84 City

FL

85 Zip Code

11. 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 office 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)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARNES, BRUCE R.	
STREET ADDRESS	506 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARNES-THORTON, SABRA	
STREET ADDRESS	506 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, SANDRA L.	
STREET ADDRESS	514 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROTROFF, NANCY	
STREET ADDRESS	504 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BETTENHAUSEN, WALDA	
STREET ADDRESS	508 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREER, DANIEL M.	
STREET ADDRESS	508 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *Sandra Miller* **SANDRA MILLER** 2/6/97 954 764 8342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035700

CR2E037 (9/96)