

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05260

**FILED**  
**Mar 27, 2017**  
**Secretary of State**  
**CC6241966235**

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

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

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

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

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

Title           ASST. SECRETARY  
Name           BURKHARDT, WILLIAM  
Address        510 NE 19TH STREET  
City-State-Zip: WILTON MANORS FL 33305

Title           ASST. SECRETARY  
Name           FERRAZ DE CAMPOS, ANA HELENA  
Address        508 NE 19TH STREET  
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

**ASST SECRETARY**

**03/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date