

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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

**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            VP  
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            TREASURER  
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

**TREASURER**

**03/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date