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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90050 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N05260

1. Corporation Name
 502 TO 514 NORTHEAST 19TH STREET ASSOCIATION, IN C.

Principal Place of Business: 514 N.E. 19TH ST. WILTON MANORS FL 33305
 Mailing Address: 514 N.E. 19TH ST. WILTON MANORS FL 33305



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/20/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2448476	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, BRUCE R.		1.2 NAME	Rotroff, Nancy	
STREET ADDRESS	506 N.E. 19TH ST.		1.3 STREET ADDRESS	504 N.E. 19th St.	
CITY-ST-ZIP	WILTON MANORS FL 33305		1.4 CITY-ST-ZIP	Wilton Manors FL 33305	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES-THORTON, SABRA		2.2 NAME	Greer, Mary	
STREET ADDRESS	506 N.E. 19TH ST.		2.3 STREET ADDRESS	512 N.E. 19th St.	
CITY-ST-ZIP	WILTON MANORS FL 33305		2.4 CITY-ST-ZIP	Wilton Manors FL 33305	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SANDRA L.		3.2 NAME	Greer, Daniel R.	
STREET ADDRESS	514 N.E. 19TH ST.		3.3 STREET ADDRESS	512 N.E. 19th St	
CITY-ST-ZIP	WILTON MANORS FL 33305		3.4 CITY-ST-ZIP	Wilton Manors FL 33305	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTROFF, NANCY		4.2 NAME	Ciani, Linda	
STREET ADDRESS	504 N.E. 19TH ST.		4.3 STREET ADDRESS	502 NE 19th St	
CITY-ST-ZIP	WILTON MANORS FL 33305		4.4 CITY-ST-ZIP	Wilton Manors FL 33305	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREER, DANIEL M.		5.2 NAME	Lemanski David	
STREET ADDRESS	508 N.E. 19TH ST.		5.3 STREET ADDRESS	514 N.E. 19th St	
CITY-ST-ZIP	WILTON MANORS FL 33305		5.4 CITY-ST-ZIP	Wilton Manors FL 33305	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 5/09/99 954 568-1549
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)