

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90060 015 ****61.25

DOCUMENT # N05260

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

502-514 NE. 19th St

504 NE 19th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WILTON MANORS, FL

City & State

WILTON MANORS, FL

4. FEI Number

59-2448476

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEMANSKI, MARIA C PD
 514 N.E. 19TH ST.
 WILTON MANORS FL 33305**

Name **NANCY ROTROFF**

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

504 NE 19th St.

City

WILTON MANORS

FL

Zip Code

33305

8. 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

NANCY ROTROFF

Nancy Rotroff

3.17.02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTOFF, NANCY 504 NE 19 ST WILTON MANORS FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREER, MARY 512 NE 19 ST WILTON MANORS FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREER, DANIEL R 512 NE 19 ST WILTON MANORS FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CIONI, LINDA 502 NE 19 ST WILTON MANORS FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEMANSKI, DAVID 514 NE 19 ST WILTON MANORS FL 33305	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMANSKI, MARIA C 514 NE 19 ST WILTON MANORS FL 33305	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRY ELLISON 506 NE 19th St WILTON MANORS, FL 33305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HILLIARD SMITH 508 NE 19th St. WILTON MANORS, FL. 33305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TACO VAN HENGEZ 510 NE 19th St. WILTON MANORS, FL. 33305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATHY STEWART 514 NE. 19th St. WILTON MANORS, FL. 33305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE ROTROFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.14.02

954-928-1666

Date

Daytime Phone #

CR2E037 (9/01)