


01-27-2003 90162 025 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

1/2

<b>DOCUMENT # N05260</b>					
1. Entity Name 502 TO 514 NORTHEAST 19TH STREET ASSOCIATION, IN. C.					
Principal Place of Business 502-514 NE 19TH STREET WILTON MANORS FL 33305		Mailing Address 504 NE 19TH STREET WILTON MANORS FL 33305			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2448476</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROTROFF, NANCY 504 NE 18TH STREET WILTON MANORS FL 33305</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLISON, LARRY		NAME	DAN GREER	
STREET ADDRESS	506 NE 19ST		STREET ADDRESS	512 NE 19th St	
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	NANCY ROTROFF VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, HILLIARD		NAME	504 NE 19th St	
STREET ADDRESS	508 NE 19TH ST		STREET ADDRESS	WILTON MANORS FL 33305	
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	LINDA CIANI PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN HENGEL, TACO		NAME	502 NE 19th St	
STREET ADDRESS	510 NE 19TH STREET		STREET ADDRESS	WILTON MANORS FL 33305	
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, KATHY		NAME		
STREET ADDRESS	514 NE 19TH ST		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



CHECK HERE IF MAKING CHANGES

CR2037 (10/02)

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:** INCORPORATION REQUIRED 954-928-1666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #