

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725066 (5)  
1. Corporation Name  
**THE NORTHGATE CONDOMINIUM ASSOCIATION INC**



Principal Place of Business: 1701 N.E. 115 ST. N. MIAMI FL 33181 US  
Mailing Address: 1701 N.E. 115 ST. N. MIAMI FL 33181 US

3. Date Incorporated or Qualified: 12/18/1972  
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business  
21 1701 NE 115th Street  
22 Suite, Apt. #, etc.  
23 City & State: Miami, FL  
24 Zip: 33181  
25 Country: USA  
26 1701 NE 115th Street  
27 Suite, Apt. #, etc.  
28 City & State: Miami, FL  
29 Zip: 33181  
30 Country: USA

4. FEI Number: 59-1536806  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
KALLCINE, ANTHONY A  
BECKER & POLIAKODD, P.A.  
6161 BLUE LAGOON DR. SUITE 250  
MIAMI FL 33126

10. Name and Address of New Registered Agent  
81 Name: ALAN SILVERSTEIN  
82 Street Address (P.O. Box Number is Not Acceptable): 11911 USA 1  
83 ST. 201  
84 City: North Palm Beach FL  
85 Zip Code: 33408

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 617.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 3/14/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, PAUL	
STREET ADDRESS	1651 N.E. 115 ST 40C	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	MATHES, ANN	
STREET ADDRESS	1655 NE 115TH ST 11-B	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIGAN, BEVERLY	
STREET ADDRESS	1701 NE 115TH ST	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUBIN, IRVING	
STREET ADDRESS	1651 NE 115 ST. #45C	
CITY-ST-ZIP	N MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PRAVDA, ART	
STREET ADDRESS	1655 NE 115 ST #15B	
CITY-ST-ZIP	N MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, 0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gary Burwick	
1.3 STREET ADDRESS	1655 NE 115th Street #16B	
1.4 CITY-ST-ZIP	Miami, FL 33181	
2.1 TITLE	V President, 0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Aseleander	
2.3 STREET ADDRESS	1701 NE 115th Street #	
2.4 CITY-ST-ZIP	Miami, FL 33181	
3.1 TITLE	Acting Secretary, 0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carol Steinhart	
3.3 STREET ADDRESS	1701 NE 115th Street	
3.4 CITY-ST-ZIP	Miami, FL 33181	
4.1 TITLE	Director, 0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brian Scheinblum	
4.3 STREET ADDRESS	1655 NE 115th Street #40B	
4.4 CITY-ST-ZIP	Miami, FL 33181	
5.1 TITLE	Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	June Marie Scott	
5.3 STREET ADDRESS	1651 NE 115th Street #12C	
5.4 CITY-ST-ZIP	Miami, FL 33181	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	400001820504	
6.4 CITY-ST-ZIP	-05/14/96--01069-0034	
	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* DATE: 03/03/96 DAYTIME PHONE #: 842-9654

CFR2E037 (12/95)