

FILE NOW: FILING FEE IS \$61.25

FILED

**May 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725066 (5)

1. Corporation Name
THE NORTHGATE CONDOMINIUM ASSOCIATION INC



Principal Place of Business 1701 N.E. 115 ST. MIAMI FL 33181 US	Mailing Address 1701 N.E. 115 ST. MIAMI FL 33181 US
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3. Date Incorporated or Qualified 12/18/1972	
4. FEI Number 59-1536806	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SILVERSTEIN, ALAN 11911 US #1 STE 201 N. PALM BCH FL 33408		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

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 OD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURWICK, GARY		1.2 NAME BRIAN SCHEINBLUM	
STREET ADDRESS 1055 N.E. 115 ST. #16B		1.3 STREET ADDRESS 1655 NE 115 ST #41-B	
CITY-ST-ZIP MIAMI FL 33181		1.4 CITY-ST-ZIP MIAMI, FL 33181	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TERRIE GARMENDIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ASELEANDER, JOHN		2.2 NAME	
STREET ADDRESS 1701 N.E. 115 ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33181		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARRIGAN, BEVERLY		3.2 NAME TERRIE GARMENDIA	
STREET ADDRESS 1701 N.E. 115 ST.		3.3 STREET ADDRESS 1701 NE 115 ST.	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP MIAMI, FL 33181	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHEINBLUM, BRIAN		4.2 NAME GREGG ADAMS	
STREET ADDRESS 1055 N.E. 115 ST. #40B		4.3 STREET ADDRESS 1651 NE 115 ST.	
CITY-ST-ZIP MIAMI FL 33181		4.4 CITY-ST-ZIP MIAMI, FL 33181	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME STEVEN JESSUP	
STREET ADDRESS		5.3 STREET ADDRESS 1701 NE 115 ST.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP MIAMI, FL 33181	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME JOSE MENENDEZ	
STREET ADDRESS		6.3 STREET ADDRESS 1651 NE 115 ST	
CITY-ST-ZIP		6.4 CITY-ST-ZIP MIAMI, FL 33181	

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.

SIGNATURE: Brian Scheinblum **BRIAN SCHEINBLUM** 4-20-98 305-969-5893

CR2E037 (10/97)