


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90049 033 ****70.00

DOCUMENT # 725066					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1536806	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REYES, YVETTE B ESQ. 801 BRICKELL AVE., #2222 MIAMI, FL 33131			Name <i>Bob Soto</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>1655 NE 115th STREET #5B</i>		
			City <i>MIAMI</i> FL Zip Code <i>33181</i>		
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 <i>Bob Soto</i>		SIGNATURE <i>Bob Soto</i>		DATE <i>7/12/05</i>	
Filing Fee is \$81.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, YVETTE B		NAME	<i>Bob Soto</i>	
STREET ADDRESS	1655 NE 115 ST. #35-B		STREET ADDRESS	<i>1655 NE 115th STREET #5B</i>	
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP	<i>MIAMI, FLORIDA 33181</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIGAN, BEVERLY		NAME		
STREET ADDRESS	1701 NE 115 STREET 38A, STE T		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBREDO, MARIOLGA		NAME	<i>Lewis DeLaFuente</i>	
STREET ADDRESS	1651 NE 115 ST #15-C		STREET ADDRESS	<i>1651 NE 115th STREET #19C</i>	
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP	<i>MIAMI, FLORIDA 33181</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSUP, STEVE		NAME	<i>DALE MOORE</i>	
STREET ADDRESS	1701 NE 115 STREET 38A, STE T		STREET ADDRESS	<i>1701 NE 115th STREET</i>	
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP	<i>MIAMI, FLORIDA 33181</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAGH, SUSAN		NAME		
STREET ADDRESS	1701 BE 115 ST. #36-A		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSSELL, DAVID		NAME		
STREET ADDRESS	1655 NE 115 ST. #29-B		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP		
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: <i>Bob Soto</i>		SIGNATURE <i>Bob Soto</i>		DATE <i>7/12/05</i> 305 893 2624	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



07122005 Chg-NP CR2E037 (10/03)