

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 754875 (3)

1. Corporation Name
NORTHGATE CENTER ASSOCIATION, INC.



Principal Place of Business: 635 S. ORANGE AVE. SUITE 16 SARASOTA FL 34236 US
Mailing Address: 635 S. ORANGE AVE. SUITE 16 SARASOTA FL 34236 US

3. Date Incorporated or Qualified: 10/28/1980
3a. Date of Last Report: 02/20/1995
4. FEI Number: 59-2056211
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**KLEIBER, WILLIAM A.
625 S. ORANGE AVE.
SUITE 16
SARASOTA FL 34236**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 officer 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		DELETED
TITLE	SD	<input type="checkbox"/>
NAME	KLEIBER, WILLIAM A.	
STREET ADDRESS	635 S. ORANGE AVE., SUITE 16	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	FRANKLIN, BRUCE E.	
STREET ADDRESS	149 COCOANUT	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	PTD	<input type="checkbox"/>
NAME	RICHARDSON, ROBERT	
STREET ADDRESS	635 S. ORANGE AVE. SUITE #16	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP	34236		
21 TITLE	VD/Robert Waechter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	/6539 Peacock Road		
23 STREET ADDRESS	Sarasota, FL 34242		
24 CITY-ST-ZIP			
31 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP	34236		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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: Robert A. Richardson DATE: 2/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROBERT A. Richardson, President DAYTIME PHONE: 941-365-9191

CR2E037 (12/95)