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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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 34236-7549 US

3. Date Incorporated or Qualified: 10/28/1980  
3a. Date of Last Report: 02/15/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent  
ROBERT RICHARDSON  
~~KLEIBER, WILLIAM A.~~  
635 S. ORANGE AVE.  
SUITE 16  
SARASOTA FL 34236

10. Name and Address of New Registered Agent  
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: *Robert Richardson* DATE: 1/21/97  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS  
TITLE: ~~SD~~  DELETE  
NAME: ~~KLEIBER, WILLIAM A.~~  
STREET ADDRESS: ~~635 S. ORANGE AVE., SUITE 16~~  
CITY-ST-ZIP: ~~SARASOTA, FL 00000~~  
TITLE: VD  DELETE  
NAME: WAECHTER, ROBERT  
STREET ADDRESS: 6539 PEACOCK ROAD  
CITY-ST-ZIP: SARASOTA FL  
TITLE: PTD  DELETE  
NAME: RICHARDSON, ROBERT  
STREET ADDRESS: 635 S. ORANGE AVE. SUITE #16  
CITY-ST-ZIP: SARASOTA, FL-00000-34236  
TITLE: P  DELETE  
NAME: Bill Kleiber  
STREET ADDRESS: 635 S ORANGE AVE  
CITY-ST-ZIP: SARASOTA FL 34236  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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, in an attachment with an address.

SIGNATURE: *Robert Richardson* DATE: 1/21/97 941-365-9191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)