FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 754875

NORTHGATE CENTER ASSOCIATION, INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90099 011 ****61.25

						-					
Principal Place of Business Mailing Address									. 		
780-A APEX RD 780-A APEX RD											
SARASOTA FL	. 34240	Sarasota FL 34240 US									
US		00								_	
Principal Place of Business 2a. Mailing Address							. Date Incorporated or Qualifed				
21		26				10/28/1980					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number				Applied For	
22		27				000000					Applicable
City & Stat	e	City & State				5. Certificate of Status Desired Fee Rec					I
23		28				↓	.				
Zip	Country Zip			Country			6. Election Campaign Financing \$5.00				
24	25	29	30			Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent					rees
	9. Name and Address of Curren	t Registered Agent		81	Name	70.	J. Name and Address of New I	(agistered A	(gent		
BILL KLEIBER				82	Street Addre	ss (l	(P.O. Box Number is Not Accept	able)			
780-A APEX RD				83			 -				
SARASOTA FL 34240				03							
				84	City			FL	85	Zip Co	ode
11 Durayant	to the provisions of Sections 617.050	2 and 617 1508 Florida Statut	es the at	DOVE	-named como	ratio	on submits this statement for the	nurnose of o	hanging	g its re	gistered -
office or r	to the provisions of Sections 617.050. registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was a	uinorizea	DV 1	tne corboration	n's b	board of directors. I hereby acce	ot the appoin	tment a	s regi	stered
_									•		_ {
SIGNATURE		Agent	t signature required			DATE		0.700			
12.	OFFICERS AN	D DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	ס	☐ DELETE	1.1 TIT	LE					Chai	nge	☐ Addition
NAME	KLEIBER, BILL		1.2 NA	WE							ļ
STREET ADDRESS	780-A APEX RD		1.3 ST	REET	ADDRESS						ĺ
CITY-ST-ZIP	SARASOTA, FL 00000 34240		1.4 CF		r-ZIP				F 7.05		□ Addition
TITLE	\ VD	☐ DELETE	2.1 TIT	Œ	-				Cha	nge	Addition
NAME	JODY GILLMAN		2.2 NA	ME							
STREET ADDRESS	1743 INDEPENDENCE BLVD		2.3 ST	REET	ADDRESS						}
CITY-ST-ZIP	SARASOTA FL 34234		2. 4 C	TY-S	T-ZIP		A CONTRACTOR				
TITLE	PTD	☐ DELETE	3.1 TIT	LE	Ì		fer to a		Cha	nge	Addition
NAME	RICHARDSON, ROBERT		3.2 NA	ME			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
STREET ADDRESS	AND A ASSAURT NOT ALITED MAR		3.3 ST	3.3 STREET ADDRESS							1
CITY-ST-ZIP	SARASOTA, FL 00000 34236		3.4. CI	TY-S	T-ZIP						
TITLE		DELETE	-4.1 TI	Π.E			4	,	☐ Cha	nge	Addition
NAME			4. 2 N	AME	1		13.00			,	·
STREET ADDRESS			4.3 ST	REET	ADDRESS		i The control of the		: . :! ·	1 4	N 60 30
CITY-ST-ZIP			4.4 CI	TY-ST	T-ZIP						
TITLE		☐ DELETE	5.1 TI						Cha	nge	☐ Addition
NAME			52 NA	ME							}
STREET ADDRESS			5.3 ST	REET	ADDRESS						1
CITY-ST-ZIP			5.4 CI	TY-ST	T-ZIP						
TITLE		☐ DELETE	6.1 TV	ILE.	<u> </u>				[] Cha	nge	☐ Addition
NAME			6.2 NA	ME							
STREET ADDRESS			6.3 ST	REET	ADDRESS						l
CITY-ST-ZIP			6.4 CI	TY-\$1	T-ZIP				_		
	_										

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it 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, with all other like empowered.

SIGNATURE