FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # 766644

(9)

NORTH GATE ASSOCIATION, INC.

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							
3103 SAWGRAS	SS VILLAGE CIR BEACH FL 32082	3103 SAWGRASS VILL PONTE VEDRA BEACK US			3. Date Incorporated or Qualified 01/21/1983		
					4. FEI Number 59-2314560	Applied For Not Applicable	
2. Principal Place of Business 2a. Malling Address					Certificate of Status Desired	\$8.75 Additional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	Fee Required \$5.00 May Be	
22		27	27		Trust Fund Contribution	Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?			
		28 Zip	Zip Country		8. This corporation owes or has paid the current year Intangible		
24	26	29	30	···•· ,	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	ed Agent	
				81 Name			
C P CONOLLY				82 Street Add	Address (P.O. Box Number is Not Acceptable)		
3103 SAWGRASS VILLAGE CIR 615 HIGHWAY A1A				83			
PONTE VEDRA BEACH FL 32082							
10	TEDITI DENOTITE GEORE			84 City	F	2ip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida S	tatutes, the a	bove-named corp	poration submits this statement for the purpose	e 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 Signature, typed or printed name of registered agent and title if applicable (NOTE registered Agent signature required when reinalating) DATE							
12.	OFFICERS AN		13.	2 VOSUK # GLIRICHA 19 OFF	ADDITIONS/CHANGES TO OFFICERS A	<u> </u>	
TITLE	DP	DELETE	1.1 TI	TLE		Change	
NAME	CALCATERA, KENNETH		1.2 N	MME			
STREET ADDRESS	63 TROON TRACE PONTE VEDRA FL			REET ADDRESS			
CITY-ST-ZIP TITLE	DS POINTE VEDINA FL	☐ DELETE		TY-ST-ZIP		Change Addition	
NAME	LAZO, KATHERINE		2.2 N				
STREET ADDRESS	62 TROON TRACE		2.3 \$1	REET ADDRESS			
CITY-ST-ZW	PONTE VEDRA FL			ITY-ST-ZIP			
TITLE	DV Guion, Jack	DELETE	1	1		Change Addition	
NAME STREET ADDRESS	40 NORTH GATE DR		3.2 N	TREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL			ITY-ST-ZIP			
TITLE	PT	DELETE				Change Addition	
NAME	BENSON, DORIS		4. 2 N	AME			
STREET ADDRESS	48 TROON TRACE PONTE VEDRA BEACH FL			REET ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE		TY-ST-ZIP		Change Addition	
NAME	EDWARDS, JACK	the sections	5.1 N	- 1			
STREET ADDRESS	27 CARRIAGE LANE		5.3 ST	REET ADDRESS			
CITY-ST-2NP	PONTE VEDRA BCH, FL0000			TY-ST-ZIP			
TITLE		DELETE	1	1		Change Addition	
NAME CIRCLY ADDRESS			6.2 N				
STREET ADDRESS CITY-ST-ZIP				TY-ST-ZIP			
	certify that the information supplied w	ith this filing does not gua			Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information	

• I nereby certify that the information supplied with this shiring does not quality for the exemption stated in Section 119.07(3)(1), 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 eath; 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

Janes Benson

Dreis Barrens

4-2848 904-285-305