

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766644

**Entity Name:** NORTH GATE ASSOCIATION, INC.

**Current Principal Place of Business:**

240 CANAL BLVD  
SUITE 2  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

C/O MAY MANAGEMENT SERVICE INC  
5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 59-2314560

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAY MANAGEMENT SERVICES INC  
C/O MAY MANAGEMENT SERVICE INC  
5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

*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.*

**SIGNATURE:** ANNA MARKS

04/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SKEEN, FRITZ  
Address 5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title TREASURER  
Name FAWCETT, JOHN  
Address 5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title VP  
Name VESPA, SALVATORE  
Address 5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title D  
Name PARMLY, ELIZABETH  
Address 5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title PRESIDENT  
Name STEINHOFF, DAVID  
Address 5455 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN FAWCETT

TREASURER

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date