## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT#739352** 

FILED May 09, 2005 Secretary of State

Entity Name: NORTHGATE OF LONGBOAT KEY ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2552 W. PALM DRIVE 2403 ARDSON PLACE TAMPA, FL 33629

APT. 702B

TAMPA, FL 33629

**Current Mailing Address:** New Mailing Address:

2403 ARDSON PLACE 2552 W. PALM DRIVE TAMPA, FL 33629 APT. 702B

TAMPA, FL 33629

FEI Number: 59-1818498 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WILLIAMS, GEORGE C WILLIAMS, GEORGE C. 2552 W. PALM BEACH DR. 2403 ARDSON PLACE TAMPA, FL 33629 APT. 702B TAMPA, FL 33629 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: GEORGE C. WILLIAMS 05/09/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PTD () Delete (X) Change ( ) Addition WILLIAMS, GEORGE C WILLIAMS, GEORGE C Name: Name:

2552 W. PALM DR. Address: 2403 ARDSON PLACE, APT. 702B Address:

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33629

Title: SD Title: SD (X) Change ( ) Addition () Delete Name: ABUZA, JACK, Name: ABUZA, JACK,

Address: 490 N SHORE RD Address: 490 N SHORE RD City-St-Zip: LONGBOAT KEY, FL City-St-Zip: LONGBOAT KEY, FL 34228

Title: VD () Delete Title: VD (X) Change ( ) Addition

COLLINS, ROGER Name: COLLINS, ROGER Name: 490 N SHORE RD 490 N SHORE RD Address: Address:

City-St-Zip: LONGBOAT KEY, FL City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GEORGE C. WILLIAMS **PRES** 05/09/2005