


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 739352 1. Entity Name NORTHGATE OF LONGBOAT KEY ASSOCIATION, INC.					
Principal Place of Business 2403 ARDSON PLACE APT. 702B TAMPA FL 33629		Mailing Address 2403 ARDSON PLACE APT. 702B TAMPA FL 33629			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WILLIAMS, GEORGE C. 2403 ARDSON PLACE APT. 702B TAMPA FL 33629				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD WILLIAMS, GEORGE C 2403 ARDSON PLACE, APT. 702B TAMPA FL 33629			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ABUZA, JACK 490 N SHORE RD LONGBOAT KEY FL 34228			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COLLINS, ROGER 490 N SHORE RD LONGBOAT KEY FL 34228			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				U00000424448 02/18/06-80050-008 61.25	
SIGNATURE: <u>George C. Williams</u> (GEORGE C. WILLIAMS)				813-254-6	



1st MOORE CR2E037 (10/05)

4. FEI Number **59-1818498** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FL Zip Code

**Make Check Payable to
Florida Department of State**

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02/18/06-80050-008 61.25

SIGNATURE: George C. Williams (GEORGE C. WILLIAMS)

813-254-6