FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:12

DOCUMENT # 754875 (3)

1. Corporation Name
NORTHGATE CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
635 S. ORANGE AVE. SUITE 16 SARASOTA FL 34236 USA	635 S. ORANGE AVE. SUITE 16 SARASOTA FL 34236 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1980
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2056211 ☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KLEIBER, WILLIAM A.
625 S. ORANGE AVE.
SUITE 16
SARASOTA FL 34236

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	KLEIBER, WILLIAM A.	1.2 NAME	KLEIBER, William A.	
STREET ADDRESS	635 S. ORANGE AVE., SUITE 16	1.3 STREET ADDRESS	635 So. Orange Ave., Suite #16	
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GILLMAN, JODI	2.2 NAME	FRANKLIN, BRUCE E.	
STREET ADDRESS	1743 INDEPENDENCE BLVD	2.3 STREET ADDRESS	149 COCOANUT	
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	SD	3.1 TITLE	PTD	☒ Change ☐ Addition
NAME	RICHARDSON, ROBERT	3.2 NAME	RICHARDSON, ROBERT A.	
STREET ADDRESS	1221 FIRST ST	3.3 STREET ADDRESS	635 So. Orange Ave., Suite #16	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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.

SIGNATURE: Robert A. Richardson 2-10-95 813-365-9971
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0018444