

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90034 008 ****61.25

DOCUMENT # 754875

1. Entity Name
NORTHGATE CENTER ASSOCIATION, INC.



Principal Place of Business
722 APEX ROAD, UNIT E
SARASOTA, FL 34240

Mailing Address
722 APEX ROAD, UNIT E
SARASOTA, FL 34240



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2056211

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIBER, WILLIAM
722 APEX ROAD, UNIT E
SARASOTA, FL 34240

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	D	☐ Delete
NAME	KLEIBER, BILL	
STREET ADDRESS	722 APEX RD UNIT E	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	VD	☐ Delete
NAME	JODY GILLMAN	
STREET ADDRESS	1743 INDEPENDENCE BLVD	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	PTD	☒ Delete
NAME	SPORE, MIKE	
STREET ADDRESS	7282 55TH AVE E. PMB 109	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTD	☐ Change ☒ Addition
NAME	MARIO Comparetto	
STREET ADDRESS	1920 Northgate Blvd A-7	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:

William A. Kleiber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06

Date

941-378-2328

Daytime Phone #