2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754875

FILED Apr 14, 2009 Secretary of State

Entity Name: NORTHGATE CENTER ASSOCIATION, INC.

US

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

1877 NOTHGATE BLVD #4 1877 NOTHGATE BLVD SARASOTA, FL 34234

SUITE 4

SARASOTA, FL 34234 US

Current Mailing Address: New Mailing Address:

P.O. BOX 50665 1877 NORTHGATE BLVD SARASOTA, FL 342320305

SUITE 4

SARASOTA, FL 34234 US

FEI Number: 59-2056211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WELLS, KEVIN T ESQ 22 S. LINLES AVE #301 SARASOTA, FL 34236

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:

City-St-Zip:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SARASOTA, FL 34234 US

(X) Change () Addition () Delete BROWN, MICHAEL BROWN, MICHAEL P Name: Name: 4376 INDEPENDENCE CT Address: 4376 INDEPENDENCE CT Address:

City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL 34234 US

(X) Change () Addition Title: () Delete Title: Name: VORBECK, CARY Name: HARTLEY, GLEN TS

Address: 4470 NORTHGATE CT Address: 1877 NORTHGATE BLVD SUITE 4

City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL 34234 US

Title: () Delete Title: (X) Change () Addition COMPARETTO, MARIO Name: COMPARETTO, MARIO D Name:

1920 NORTHGATE BOULEVARD SUITE A-7 1920 NORTHGATE BOULEVARD SUITE A-7 Address: Address:

City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL 34234 US

Title: AS () Delete Title: AS (X) Change () Addition MANNINGS, MICHAEL Name: Name: MANNINGS, MICHAEL AS Address: 1877 NORTHGATE BLVD #4 Address: 1877 NORTHGATE BLVD #4

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL MANNING AS 04/14/2009