

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90113 039 \*\*\*\*61.25

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # 766644</b><br>1. Entity Name<br><b>NORTH GATE ASSOCIATION, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>3103 SAWGRASS VILLAGE CIR<br/>PONTE VEDRA BEACH, FL 32082 US</b>   |  |   |  | Mailing Address<br><b>3103 SAWGRASS VILLAGE CIR<br/>PONTE VEDRA BEACH, FL 32082 US</b>  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |   |  |
| City & State   |  | City & State  |  | 4. FEI Number<br><b>59-2314560</b>  |  |
| Zip  |  | Zip   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C P CONOLLY<br/>3103 SAWGRASS VILLAGE CIR<br/>615 HIGHWAY A1A<br/>PONTE VEDRA BEACH, FL 32082</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |
| 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 <u>C.P. Connolly</u> <u>C.P. Connolly</u> <u>4-4-06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small> |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br>MARTINELLI, VICTOR<br>24 CARRIAGE LANE<br>PONTE VEDRA BEACH, FL 32082 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>LAZO, TED<br>62 TROON TRACE<br>PONTE VEDRA BEACH, FL 32082             | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>DOUGHERTY, PAUL<br>1 NORTH GATE DR<br>PONTE VEDRA BEACH, FL 32082      | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>KELLEY, DELORES<br>5 NORTHGATE DR<br>PONTE VEDRA BEACH, FL 32082       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>STONE, MARY ANN<br>21 CARRIAGE LN<br>PONTE VEDRA BEACH, FL 32082        | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>MC DONALD, GERALD<br>16 CARRIAGE LN.<br>PONTE VEDRA, FL 32082   |  |
| 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. |  |   |  |   |  |
| <b>SIGNATURE:</b> <u>Theodore D. Lazo</u> <u>Theodore D. LAZO, PRESIDENT</u> <u>4/5/06</u> <u>285-9894</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |   |  |