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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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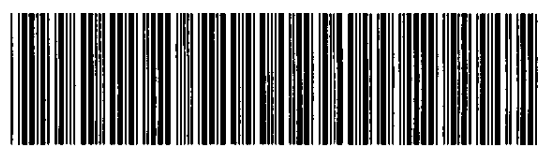
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH GATE ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: 766644

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN EWING
(Name of Contact Person)

AEGIS MGT, INC.
(Firm/Company)

PO BOX 2055
(Address)

PONTE VEDRA, FL 32004
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN EWING at (904) 280-7616
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2008

JOHN EWING
AEGIS MGT, INC.
P.O. BOX 2055
PONTE VEDRA, FL 32004

SUBJECT: NORTH GATE ASSOCIATION, INC.
Ref. Number: 766644

We have received your document for NORTH GATE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 008A00057077

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SECRETARY
TALLAHASSEE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NORTH GATE ASSOCIATION, INC
2. The principal office address: 151 SAWGRASS CORNERS DRIVE
SUITE 204 G PONTE VEDRA, FL 32082
3. The mailing address (if different): PO BOX 2055
PONTE VEDRA, FL 32004
4. Date of incorporation/qualification: 1/21/83 Document number: 766644
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ASSOCIATION MGMT. OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN EWING
151 SAWGRASS CORNERS DR. SUITE 204 G
(P.O. Box NOT acceptable)
PONTE VEDRA, FL 32082

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DIVISION OF CORPORATIONS

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Stephen D. Brantum
(Signature of an officer or director)

STEPHEN D. BRANTUM
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

John Ewing
(Signature of Registered Agent)

11/04/08
(Date)

If signing on behalf of an entity:

alkfjsaldkfj
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***