

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90159 009 ****61.25

DOCUMENT # N44187

1. Entity Name

NORTHAMPTON OFFICE PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2928 WELLINGTON CIRCLE
 STE 201
 TALLAHASSEE FL 32309
 US

2928 WELLINGTON CIR
 SUITE 201
 TALLAHASSEE FL 32309

2. Principal Place of Business

3. Mailing Address

2928 Wellington Circle
 Suite, Apt. #, etc.

2928 Wellington Circle
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3073474

Applied For

Not Applicable

Zip

Country

Zip

Country

32309

32309

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

GOODWIN, ELLA H
 2928 WELLINGTON CIR
 STE 201
 TALLAHASSEE FL 32309

Name

Street Address (P.O. Box Number is Not Acceptable)

2928 Wellington Circle

City

FL

Zip Code

32309

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
 NAME VISCONTI, FRANK L
 STREET ADDRESS 2928 WELLINGTON CIRCLE STE 201
 CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☒ Change ☐ Addition
 NAME 2928 Wellington Circle Ste. 201
 STREET ADDRESS Tallahassee FL 32309
 CITY-ST-ZIP

TITLE DV ☐ Delete
 NAME O'BRIEN, TIMOTHY J
 STREET ADDRESS 2928 WELLINGTON CIRCLE
 CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☒ Change ☐ Addition
 NAME 2928 Wellington Circle Suite 201
 STREET ADDRESS Tallahassee FL 32309
 CITY-ST-ZIP

TITLE DST ☐ Delete
 NAME GOODWIN, ELLA H
 STREET ADDRESS 2928 WELLINGTON CIR STE 201
 CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☒ Change ☐ Addition
 NAME 2928 Wellington Circle Suite 201
 STREET ADDRESS Tallahassee FL 32309
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2002 850-668-2211

Date

Daytime Phone #

CR2E037 (9/01)