

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N44187 1. Entity Name NORTHAMPTON OFFICE PARK OWNERS ASSOCIATION, INC.	
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Principal Place of Business 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE, FL 32309 US	Mailing Address 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE, FL 32309 US
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02252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3073474	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOODWIN, ELLA H 2928 WELLINGTON CIR STE 201 TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VISCONTI, FRANK L 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV O'BRIEN, TIMOTHY J 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GOODWIN, ELLA H 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE, FL 32309
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04/19/04-B0038-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Ella H. Goodwin* **Ella H. Goodwin** 4-16-2004 850 668 2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #