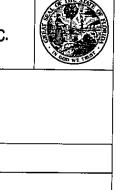
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44187

1. Entity Name

NORTHAMPTON OFFICE PARK OWNERS ASSOCIATION, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90057 019 ****61.25

| Principal Place of Business 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE FL 32309 US 2. Principal Place of Business | | | | Mailing Address 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE FL 32309 US | | | | 1 (60)(0) 60 (1) | | II 8) 8 8 8 | | 11 9184 16 8 1 | |
|---|--|--|--------------|--|-------------------------|--|--------|---------------------------------|--------------------|---|----------|-----------------------|--|
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City & State | | | * | | 4. FEI Number 59-3073474 | | | _ | · | |
| Zip Country | | | Zi | р | Country | | | | | | | 75 Additional | |
| | 6. Name a | and Address of Current Ro | egister | ed Agent | | <u> </u> | | | | Fe | • | ed | |
| | - | | | | | Name | | | ioso or those rieg | 73474 Applied For Not Applicable Desired \$8.75 Additional Fee Required of New Registered Agent | | | |
| 2928 WE | in, ella h Ellington c | IR . | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| STE 201 TALLAHASSEE FL 32309 | | | | | | | | | ··· | <u>.</u> | · · | | |
| | | | | | | City | | - | | FL | Zip Coc | de | |
| SIGNATURE | | printed name of registered agent and | title if app | olicable (NOTE: | : Registere | d Agent signature n | equire | od when reinstating) | | DATE | | | |
| , ,, | FILE NOW: | FEE IS \$61.25 | | 9. Election Cam Trust Fund Co | | | | \$5.00 May Be Added to Fees | | | | | |
| 10. | חח | OFFICERS AND DIREC | CTORS | | 11. | | | ADDITIONS/CHANGE | S TO OFFICERS | AND DIREC | TORS IN | I 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TALLAHASS | rank L Ngton Circle Ste 20 Ee Fl 32309 | 1 | ☐ Delete | | | | | | Ē |] Change | ☐ Addition | |
| IITLE NAME STREET ADDRESS CITY-ST-ZIP | DV O'BRIEN, TII 2928 WELLII TALLAHASSI | NGTON CIRCLE STE 20 | 1 | ☐ Delete | | | | 14 | 71 | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS SITY-ST-ZIP | DST GOODWIN, I 2928 WELLIN TALLAHASSI | IGTON CIRCLE STE 20 | 1 | ☐ Delete | | T ADDRESS ST-ZIP | | | | | Change | ☐ Addition | |
| ITLE IAME TREET ADORESS ITY-ST-ZIP | | | | ☐ Delete | | T ADDRESS ST-ZIP | | | | | Change | Addition | |
| ITLE Ame Treet address ITY-ST-ZIP | | | | ☐ Delete | NAME STREE CITY-S | T ADDRESS | | | <u>.</u> | | Change | Addition | |
| ITLE Ame Treet address ITY-ST-ZIP | | | | ☐ Delete | TITLE NAME STREE | ADDRESS | | <i>11</i> | | | Change | Addition | |

12. Thereby 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.

, Visconti

GNATURE HEQUIFIEGIK L

SIGNATURE:

1-10-2003

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