

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **845806** (9)

1. Corporation Name

NET PROPERTIES MANAGEMENT, INC.



Principal Place of Business

Mailing Address

**535 BOYLSTON STREET
BOSTON MA 02116**

**535 BOYLSTON STREET
BOSTON MA 02116**

3. Date Incorporated or Qualified
04/23/1980

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

11-2436522

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, CHRISTOPHER L.
3650 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Christopher L. Campbell
Signature, typed printed name of registered agent and title if applicable

Christopher L. Campbell, Manager of Properties

1/31/96

(NOTE: Registered Agent's name required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PT | <input type="checkbox"/> DELETE |
| NAME | PRENDERGAST, THOMAS C. | |
| STREET ADDRESS | 62 JACK PINE DRIVE | |
| CITY-ST-ZIP | SUDBURY MA | |
| TITLE | VC | <input type="checkbox"/> DELETE |
| NAME | ZICHT, LOUIS C. | |
| STREET ADDRESS | 3 DARTMOUTH DRIVE | |
| CITY-ST-ZIP | FRAMINGHAM MA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TUSINO, ERNEST R. | |
| STREET ADDRESS | 35 UNION ST | |
| CITY-ST-ZIP | MILFORD MA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LAUGHTON, DAVID W. | |
| STREET ADDRESS | 3K OAKWOOD CIR | |
| CITY-ST-ZIP | GOFFSTOWN NH | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WALSH, PAUL V. | |
| STREET ADDRESS | 4 LAMBERT RD | |
| CITY-ST-ZIP | RANDOLPH MA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BARRY, J. LEO | |
| STREET ADDRESS | 307 WINDY ROW | |
| CITY-ST-ZIP | PETERBOROUGH NH | |

| | | |
|-------------------|-------------------------|--|
| 11 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | WEST, JOHN R. | |
| 13 STREET ADDRESS | 10 LENORE ROAD | |
| 14 CITY-ST-ZIP | CALIFON, NJ | |
| 21 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | MCCARTHY, JR., JOHN J. | |
| 23 STREET ADDRESS | 99 FLORENCE STREET | |
| 24 CITY-ST-ZIP | CHESTNUT HILLS, MA | |
| 31 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | VAUGHN, III, WILLIAM M. | |
| 33 STREET ADDRESS | 145 NASON HILL ROAD | |
| 34 CITY-ST-ZIP | SHERBORN, MA | |
| 41 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | BUONPANE, ANTHONY S. | |
| 43 STREET ADDRESS | 22 VALLEY BROOK LANE | |
| 44 CITY-ST-ZIP | NORTH HAVEN, CT | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Louis C. Zicht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis C. Zicht

2/8/96

Date

617-247-2200

Daytime Phone #

CR2E037 (12/95)