

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000002275**

1. Entity Name

NEPSA 1996 PROPERTY INVESTORS, INC.



Principal Place of Business

380 UNION ST.  
STE. 300  
WEST SPRINGFIELD, MA 01089

Mailing Address

380 UNION ST.  
STE. 300  
WEST SPRINGFIELD, MA 01089



04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

04-3299242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$160.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GRINSPOON, HAROLD  
STREET ADDRESS 172 CRESTVIEW CIRCLE  
CITY-ST-ZIP LONGMEADOW, MA 01106

TITLE VD  
NAME ANTHONY, FRED  
STREET ADDRESS 150 ASHFORD RD  
CITY-ST-ZIP LONGMEADOW, MA 01106

TITLE TD  
NAME PAVA, JEREMY  
STREET ADDRESS 258 WASHINGTON BLVD.  
CITY-ST-ZIP SPRINGFIELD, MA 01108

TITLE S  
NAME GABERMAN, RICHARD M  
STREET ADDRESS 217 ARDSLEY RD.  
CITY-ST-ZIP LONGMEADOW, MA 01106

TITLE D  
NAME GRINSPOON, STEVEN  
STREET ADDRESS 255 WESTERLY ROAD  
CITY-ST-ZIP WESTON, MA 02493

TITLE V  
NAME MNICH, JOHN  
STREET ADDRESS 60 BROOKSIDE DR.  
CITY-ST-ZIP SUFFIELD, CT 06078

000000546686  
05/11/06-80126-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEREMY PAVA

Date

4/21/2006

Daytime Phone #

413.781.0712