

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F97000002164

1. Entity Name

NEPSA 1997 PROPERTY INVESTORS, INC.



Principal Place of Business

380 UNION STREET
WEST SPRINGFIELD, MA 01089

Mailing Address

380 UNION STREET
WEST SPRINGFIELD, MA 01089



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3352392

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

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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 \$150.00
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 CS
NAME GABERMAN, RICHARD M
STREET ADDRESS 217 ARDSLEY ROAD
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 DRIVE
CITY-ST-ZIP SUFFIELD, CT 06078

U00000546688
05/11/06-80126-015 150.00

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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

04/21/2006

Date

413.781.0712

Daytime Phone #