

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00485**

1. Entity Name  
**NORTHSHIRE DEVELOPMENT PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**PICKWICK RD  
TALLAHASSEE, FL 32309**

Mailing Address  
**PO BOX 13653  
TALLAHASSEE, FL 32317-3653**



01302006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2650461**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PERRIN, TOM  
6120 PICKWICK RD  
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 Thomas B Perrin THOMAS B. PERRIN 1-30-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

1000000415821  
02/11/06-80097-003 61.25

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **SHAPIRO, PAUL**  
STREET ADDRESS **6072 PICKWICK RD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **VP**  
NAME **JORDAN, KEITH**  
STREET ADDRESS **6036 PICKWICK RD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **D**  
NAME **PERRIN, THOMAS**  
STREET ADDRESS **6120 PICKWICK RD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **D**  
NAME **CREW, JEFF**  
STREET ADDRESS **8107 TENNYSON DR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 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: Thomas B Perrin 1-30-06 850 222 7514  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #