

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000767

FILED  
Apr 11, 2008  
Secretary of State

**Entity Name:** NORTHAMPTON HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

631 WHITMAN COVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

647 WHITMAN COVE  
LONGWOOD, FL 32750

**Current Mailing Address:**

631 WHITMAN COVE  
LONGWOOD, FL 32750

**New Mailing Address:**

647 WHITMAN COVE  
LONGWOOD, FL 32750

**FEI Number:** 20-1057028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUTIK, YOUSUF J  
631 WHITMAN COVE  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

FANG, MING  
647 WHITMAN COVE  
LONGWOOD, FL 32750 US

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.

SIGNATURE: MING FANG

04/11/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: OD (X) Delete  
Name: KUTIK, YOUSUF J  
Address: 631 WHITMAN COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: OD ( ) Delete  
Name: FANG, MING  
Address: 647 WHITMAN COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: OD ( ) Delete  
Name: WANG, YUMEI  
Address: 639 WHITMAN COVE  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MING FANG

OD

04/11/2008

Electronic Signature of Signing Officer or Director

Date