


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90290 049 ****70.00

DOCUMENT # N04000005501	
1. Entity Name NORTHAMPTON SQUARE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 8940 WINGED FOOT DR TALLAHASSEE, FL 32312	Mailing Address 8940 WINGED FOOT DR TALLAHASSEE, FL 32312
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2. Principal Place of Business 7118 BEECH RIDGE TRAIL	3. Mailing Address 7118 BEECH RIDGE TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL
Zip 32312	Country USA



04082005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-1889444		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HOBBS, ROGER K 7118 BEECH RIDGE TR TALLAHASSEE, FL 32312		
7. Name and Address of New Registered Agent Name HOBBS, RONALD H. Street Address (P.O. Box Number is Not Acceptable) 7118 BEECH RIDGE TRAIL City TALLAHASSEE FL Zip Code 32312		

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]* x *[Signature]* x
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, RONALD H 8940 WINGED FOOT DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 7118 BEECH RIDGE TRAIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, CAROLYN F 8940 WINGED FOOT DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 7118 BEECH RIDGE TRAIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, ROGER K 3823 E MILLERS BRIDGE RD TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7118 BEECH RIDGE TRAIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGER D. HOBBS 7118 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.