

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90030 028 ****70.00

DOCUMENT # N04000005501 1. Entity Name NORTHAMPTON SQUARE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7118 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312			Mailing Address 7118 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312		
2. Principal Place of Business 2915 Kerry Forest Pkwy Suite, Apt. #, etc. 101		3. Mailing Address 2915 Kerry Forest Pkwy Suite, Apt. #, etc. 101			
City & State Tallahassee		City & State Tallahassee		4. FEI Number 20-1889444	
Zip FL Country USA		Zip 32309 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOBBS, RONALD H 7118 BEECH RIDGE TR TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Ronald H. Hobbs Street Address (P.O. Box Number is Not Acceptable) 2915 Kerry Forest Pkwy. Ste. 101 City Tall. State FL Zip Code 32309	
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 - RONALD H. HOBBS DATE 1/25/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD <input checked="" type="checkbox"/> HOBBS, RONALD H 7118 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President, Director 2915 Kerry Forest Pkwy. Ste 101 Tall. FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input checked="" type="checkbox"/> HOBBS, CAROLYN F 7118 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary, Director 2915 Kerry Forest Pkwy. Ste 101 Tall. FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> HOBBS, ROGER K 7118 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President, Director Robby Hartfield 2915 Kerry Forest Pkwy. Ste 102 Tall. FL 32309	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input checked="" type="checkbox"/> HOBBS, ROGER D 7118 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer, Director 2915 Kerry Forest Pkwy Ste 101 Tall. FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: - RONALD H. HOBBS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1-25-2006 Daytime Phone # 851-694-2770	