


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 17, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90025 009 \*\*\*\*61.25

<b>DOCUMENT #</b> N07000012186	
1. Entity Name <b>NORTH CHURCH STREET PROPERTY OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>138 LONGMEADOWS ST. LONGMEADOW, MA 01106</b>	Mailing Address <b>138 LONGMEADOWS ST. LONGMEADOW, MA 01106</b>
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**66014331**



2. Principal Place of Business - No P.O. Box # <b>138 Longmeadow Street</b>	3. Mailing Address <b>c/o Gary E. Martinelli</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>138 Longmeadow Street</b>
City & State	City & State
Zip	Country

04242008 Chg-NP CR2E037 (12/06)

4. FEI Number **80-0147081** Applied For  
Not Applicable

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

<b>6. Name and Address of Current Registered Agent</b>
<b>LAZENBY, RYAN 625 COMMERCE DR., SUITE 104 LAKELAND, FL 33813</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when releasing) DATE: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINELLI, GARY E. 138 LONGMEADOWS ST. LONGMEADOW, MA 01106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 138 Longmeadow Street
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LOMBARDI, ERIC 1601 PAGE BLVD. SPRINGFIELD, MA 01104 <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	SD KOZAK, LISA A 138 LONGMEADOWS ST. LONGMEADOW, MA 01106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 138 Longmeadow Street
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
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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 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:** Gary E. Martinelli **Date:** 4/16/08  
SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR