SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPT BER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REIN TE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMEN F STATE
Sandra B. Mor m
Secretary of St
DIVISION OF CORP TIONS

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # N44187 (5)

1. Corporation Name
NORTHAMPTON OFFICE PARK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1435 PIEDMONT DRIVE EAST SUITE 210 TALLAHASSEE FL 32312 US	P.O. BOX 14077 TALLAHASSEE FL 32317

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Co y 29 / 30

3. Date Incorporated or Qualified: 07/03/1991

4. FEI Number: 59-3073474 ☐ Applied For ☐ Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'BRIEN, TIMOTHY J
1435 PEIDMONT DRIVE EAST
SUITE 210
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the ab named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorize the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Sta

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis gent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	VISCONTI, FRANK L	
STREET ADDRESS	2894 REMINGTON GREEN CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DV	☐ DELETE
NAME	O'BRIEN, TIMOTHY J	
STREET ADDRESS	1294 TIMBERLANE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DST	☐ DELETE
NAME	SILVESTRI, KEN	
STREET ADDRESS	3328 W. LAKESHORE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1		☐ Change ☐ Addition
1.2		
1.3 T ADDRESS	2928 Wellington Circle South, Suite 201	
1.4 T-ZIP		
2.1		☐ Change ☐ Addition
2.2		
2.3 T ADDRESS	2938 Wellington Circle E.	
2.4 T-ZIP	Tallahassee, FL 32308	
3.1		☐ Change ☐ Addition
3.2		
3.3 T ADDRESS		
3.4 T-ZIP		
4.1		☐ Change ☐ Addition
4.2		
4.3 ADDRESS		
4.4 ZIP		
5.1		☐ Change ☐ Addition
5.2		
5.3 ADDRESS		
5.4 ZIP		
6.1		☐ Change ☐ Addition
6.2		
6.3 ADDRESS		
6.4 ZIP		

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exe stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate an 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 exec s report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/10/98 850-668-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE Date Daytime Phone #