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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44187

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 21 2928 Wellington Circle S.	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/03/1991
Suite, Apt. #, etc. 22 Ste. 201	Suite, Apt. #, etc. 27	4. FEI Number 59-3073474 ☐ Applied For ☐ Not Applicable
City & State 23 Tallahassee Florida	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 32308 25 USA	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

81 Name: Ella H. Goodwin
82 Street Address (P.O. Box Number is Not Acceptable): 2928 Wellington Circle S.
83 Suite 201
84 City: Tallahassee FL 85 Zip Code: 32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-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 authorized by 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 Statutes.

SIGNATURE: Ella H Goodwin 4-9-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VISCONTI, FRANK L 2928 WELLINGTON CIRCLE S STE 201 TALLAHASSEE FL 32308	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV O'BRIEN, TIMOTHY J 2938 WELLINGTON CIRCLE E TALLAHASSEE FL 32308	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SILVESTRI, KEN 3328 W. LAKESHORE DRIVE TALLAHASSEE FL 32312	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DST Ella H. Goodwin 2928 Wellington Circle S., Ste. 201 Tallahassee, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-9-99 850-668-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #