


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # N44187 1. Entity Name NORTHAMPTON OFFICE PARK OWNERS ASSOCIATION, INC.	
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Principal Place of Business 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE, FL 32309 US	Mailing Address 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE, FL 32309 US
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3073474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, ELLA H
2928 WELLINGTON CIR
STE 201
TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

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, 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VISCONTI, FRANK L 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV O'BRIEN, TIMOTHY J 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GOODWIN, ELLA H 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE, FL 32309
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01/28/05-60009-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Ellen H. Goodwin Ellen H Goodwin 1/24/05 (850) 668-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #