

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N44187 1. Entity Name NORTHAMPTON OFFICE PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE FL 32309 US			Mailing Address 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE FL 32309 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOODWIN, ELLA H 2928 WELLINGTON CIR STE 201 TALLAHASSEE FL 32309				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	DP	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	VISCONTI, FRANK L		NAME		
STREET ADDRESS	2928 WELLINGTON CIRCLE STE 201		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32309		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	O'BRIEN, TIMOTHY J		NAME		
STREET ADDRESS	2928 WELLINGTON CIRCLE STE 201		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32309		CITY-ST-ZIP		
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	GOODWIN, ELLA H		NAME		
STREET ADDRESS	2928 WELLINGTON CIRCLE STE 201		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32309		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Ella H. Goodwin</i> Ella H. Goodwin 1-23-06 850-668-22					



1st MOORE CR2E037 (10/05)

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

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

U00000414602
02/11/06-80044-015 61.25