


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GOODWIN, ELLA H 2928 WELLINGTON CIR STE 201 TALLAHASSEE FL 32309		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
DATE _____			



1st MOORE CR2E037 (10/06)

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

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 NAME STREET ADDRESS CITY-STATE-ZIP	DP VISCONTI, FRANK L 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000605626 01/30/07-80044-003 61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV O'BRIEN, TIMOTHY J 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST GOODWIN, ELLA H 2928 WELLINGTON CIRCLE STE 201 TALLAHASSEE FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

850-668-2211