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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 14 AM 9:38

DOCUMENT # **N45112** (2)

1. Corporation Name

**NORTHAMPTON MASTER ASSOCIATION, INC.**

Principal Place of Business

1538 METROPOLITAN BLVD.  
TALLAHASSEE FL 32308

Mailing Address

2910 KERRY FOREST PKWY-AZ-  
SUITE A-02  
TALLAHASSEE FL 32308  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/12/1991</b>	3a. Date of Last Report <b>03/02/1994</b>
4. FBI Number <b>59-3085772</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 <b>2910 Kerry Forest Pkwy</b>	26 <b>2910 Kerry Forest Pkwy</b>
Suite, Apt. #, etc. 22 <b>Suite A-2</b>	Suite, Apt. #, etc. 27 <b>Suite A-2</b>
City & State 23 <b>Tallahassee, FL</b>	City & State 28 <b>Tallahassee, FL</b>
Zip 24 <b>32308</b>	Country 25 <b>USA</b>
Country 29 <b>USA</b>	Zip 30 <b>32308</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOBBS, ROGER D.**  
**2910 KERRY FOREST PKWY-AZ-**  
**TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Roger D. Hobbs* DATE: 3/21/95

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>HOBBS, ROGER D.</b>
STREET ADDRESS	<b>2910 KERRY FOREST PKWY-AZ- A-2</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>PD</b>
NAME	<b>CONNER, MARK A.</b>
STREET ADDRESS	<b>7118 BEECH RIDGE TRAIL</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>STD</b>
NAME	<b>MCCORD, MILLARD C.</b>
STREET ADDRESS	<b>2910 KERRY FOREST PKWY-AZ- A-2</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	<b>V/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	<b>delete</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roger D. Hobbs* DATE: 3/31/95 (904) 422-0040