

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45112 (2)

1. Corporation Name

NORTHAMPTON MASTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2910 KERRY FOREST PKWY
SUITE A-2
TALLAHASSEE FL 32308
US

2910 KERRY FOREST PKWY
SUITE A-2
TALLAHASSEE FL 32308
US

3. Date Incorporated or Qualified

09/12/1991

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 2930 Wellington Circle

26 2930 Wellington Circle

4. FEI Number

59-3085772

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 Suite 201

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32308

25 USA

29 32308

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Roger D. Hobbs

82 Street Address (P.O. Box Number is Not Acceptable)

2930 Wellington Circle

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

ROGER D. HOBBS

Roger D. Hobbs

3/28/96

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME HOBBS, ROGER D.
STREET ADDRESS 2910 KERRY FOREST PKWY-AZ
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2930 Wellington Circle, Suite 201
1.4 CITY-ST-ZIP Tallahassee, FL 32308

TITLE VSD
NAME CONNER, MARK A.
STREET ADDRESS 7118 BEECH RIDGE TRAIL
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE VD
3.2 NAME Bret T. Buhler
3.3 STREET ADDRESS 2937 Kerry Forest Parkway
3.4 CITY-ST-ZIP Tallahassee, FL 32308 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE SD
4.2 NAME Ella Goodwin
4.3 STREET ADDRESS 2928 Wellington Circle, Suite 201
4.4 CITY-ST-ZIP Tallahassee, FL 32308 ☐ 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

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 617, 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

Roger D. Hobbs

3/28/96

(904) 422-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)