

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 05, 2001 08:00 AM****Secretary of State****DOCUMENT # N45112**1. Entity Name  
NORTHAMPTON MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5349 TEWKESBURY TRC	5349 TEWKESBURY TRC
TALLAHASSEE FL 32308 US	TALLAHASSEE FL 32308 US

2. Principal Place of Business	3. Mailing Address
5354 CARISBROOKE LN.	5354 CARISBROOKE LN.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
TALLAHASSEE FL	TALLAHASSEE FL

Zip	Country	Zip	Country
32309	US	32309	US

4. FEI Number	Applied For
59-3085772	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FUREY BOB 5349 TEWKESBURY TRACE  TALLAHASSEE FL 32308 US	Name SMITH GORDON RTREAS. Street Address (P.O. Box Number is Not Acceptable) 5354 CARISBROOKE LN  City TALLAHASSEE FL Zip Code 32309

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.

SIGNATURE **GORDON R. SMITH****06/05/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH BOB			NAME	SMITH GORDON		
STREET ADDRESS	5354 CARISBROOKE LANE			STREET ADDRESS	5354 CARISBROOKE LANE		
CITY-ST-ZIP	TALLAHASSEE FL 32308			CITY-ST-ZIP	TALLAHASSEE FL 32309		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODWIN ELLA			NAME	GOODWIN ELLA		
STREET ADDRESS	2928 WELLINGTON CIRCLE, SUITE 201			STREET ADDRESS	2928 WELLINGTON CIRCLE, SUITE 201		
CITY-ST-ZIP	TALLAHASSEE FL 32308			CITY-ST-ZIP	TALLAHASSEE FL 32309		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLDER TOM			NAME	GUILFORD MICKEY		
STREET ADDRESS	5294 ST. IVES LANE			STREET ADDRESS	TREADINGTON PARK		
CITY-ST-ZIP	TALLAHASSEE FL 32308			CITY-ST-ZIP	TALLAHASSEE FL 32309		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUREY BOB			NAME	HOLDER TOM		
STREET ADDRESS	5349 TEWKESBURY TRACY			STREET ADDRESS	5294 ST. IVES LANE		
CITY-ST-ZIP	TALLAHASSEE FL 32308			CITY-ST-ZIP	TALLAHASSEE FL 32309		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemption stated in Section 119.07(3)(f), 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: Gordon R. Smith TD 06/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)