NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90741 024 ****61.25

DOCUMENT # N45112

1. Entity Name
NORTHAMPTON MASTER ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
431 Waverly Road	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: same
Zip: 32312 Country: USA	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59 3085772 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ISAACS, Dan Lee

Street Address (P.O. Box Number is Not Acceptable): 431 Waverly Road

City: Tallahassee FL Zip Code: 32312

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

TITLE D NAME Arnaldo, Paul STREET ADDRESS 5344 St. Ives Lane CITY-ST-ZIP Tallahassee FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Bevers, Bob STREET ADDRESS 5349 Tewkesbury Trace CITY-ST-ZIP Tallahassee FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Goodwin, Ella STREET ADDRESS 2928 Wellington Circle S. 201 CITY-ST-ZIP Tallahassee FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE D NAME ~~Former Lake~~ Lake, Tommy STREET ADDRESS 2940 Kerry Forest Pkwy CITY-ST-ZIP Tallahassee FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Kenny, Linda STREET ADDRESS 2944 Compton Way CITY-ST-ZIP Tallahassee FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Smith, Bob STREET ADDRESS 5554 Carisbrooke Lane CITY-ST-ZIP Tallahassee FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Ruth _____ 4/28/03 850 531-0627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #