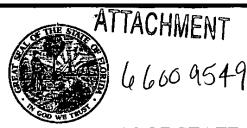
## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 11, 2006 8:00 am Secretary of State

DOGUMENT # N97000000972  1. Entity Name				02-16-2006 90062 044 ****61.25				
NORTHAI	MPTON COMMUNITY ASS	OCIATION, INC.						
Principal Place of Business 9139 HAMPTON COVE CTS JACKSONVILLE FL 32225 US		Mailing Address 9139 HAMPTON COVE CTS JACKSONVILLE FL 32225 US						
2. Principal Place of Business		3. Mailing Address		- 19977751 015 1077	iath sain eath dain dann ann agus	iam ibrib na	with its right	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOOF	RE CR2E037 (1	0/05)		
City & State		City & State		4. FEI Number 59-	4330984	Applied For Not Applicable		
Zip Country		Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
ROWLAND, KEVIN 9134 HAMPTON COVE CT ST			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32225						7:- 0		
			City	City FL Zip Code				
	named entity submits this statement f	or the purpose of changing its	registered office or registe	red agent, or both, in the	State of Florida. I am lam	iliar with,	and accept	
SIGNATURE .	Cenan	Q	<b>\</b>		319-0	6		
	Signesure, typika or printed name of registeren agen	t and inte 4 applicable (NOT	: Pegy hared Agent aigneouse require	d when tenerating)	DATE			
	TILE NOW: FEE: 19 581 25 1 Due: By: May 1/2006	Trust Fund C		\$5.00 May Be Added to Fees	iz Make Check P Florida Departm	ent of S	State	
10.	OFFICERS AND D			ADDITIONS/CHANGES	TO OFFICERS AND DIREC			
TITLE HAME STREET ADDRESS CITY-S1-ZIP	INGRAM, JOHN 9158 HAMPFON COVE ST JACKSONVILLE FL 32225	□ Ociete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition	
TITLE NAME STREET ADCRESS CITY-ST-ZIP	VPTD / ROWLAND, KEVIN 9139 HAMPTON COVE ST JACKSONVILLE FL 32225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLFE, JACKIE 3509 HAMOTON COVE ST JACKSONVILLE FL 32225	☐ Delete	TITLE NAME SIPEET ADDRESS CITY-S1-ZIP			) Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Deletie	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ċ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
indicated	certify that the information supplied w ton this report or supplemental report reporation or the receiver or trustee en	is true and accurate and that r	ny signature shall nave the	same legal effect as if m	ade under oath; that I am	an officer	or director	

SIGNATURE:



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2006

NORTHAMPTON COMMUNITY ASSOCIATION, INC. 9139 HAMPTON COVE CTS JACKSONVILLE, FL 32225 US

Subject: NORTHAMPTON COMMUNITY ASSOCIATION, INC.

Reference Number:

N97000000972

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION

This I kn was Signed in the Bessim

P.O. BOX 6327 - Tallahassee, Florida 32314 By VicePres. Tres.