

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738518 (0)**

1. Corporation Name  
**NORTH PASSAGE ASSOCIATION, INC.**



Principal Place of Business <b>ELLIOTT MERRILL COMMUNITY MGMT 1105 12TH STREET VERO BEACH FL 32960 US</b>	Mailing Address <b>ELLIOTT MERRILL COMMUNITY MGMT 1105 12TH STREET VERO BEACH FL 32960-3718 US</b>
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3. Date Incorporated or Qualified <b>03/31/1977</b>	3a. Date of Last Report <b>04/23/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

4. FEI Number <b>59-1782610</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**ELLIOTT, RICHARD D.  
1105 12TH STREET  
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>STANIFORD, FRANCES</b>
STREET ADDRESS	<b>1776 MOORING LINE DR, #108</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, DAVID</b>
STREET ADDRESS	<b>1776 MOORING LINE DR 209</b>
CITY-ST-ZIP	<b>VERO BCH, FL 00000</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>JIRGL, VIRGINIA</b>
STREET ADDRESS	<b>1776 MOORING LINE DR, #107</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>CHURCH, RALPH E JR</b>
STREET ADDRESS	<b>1776 MOORING LINE DR 109</b>
CITY-ST-ZIP	<b>VERO BCH, FL 00000</b>
TITLE	<b>DD</b> <input type="checkbox"/> DELETE
NAME	<b>CODY, DONALD</b>
STREET ADDRESS	<b>1776 MOORING LINE DR</b>
CITY-ST-ZIP	<b>VERO BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Geyer, David</b>
2.3 STREET ADDRESS	<b>1010 Treasure Lane</b>
2.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>
3.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Hancharick, Edward</b>
4.3 STREET ADDRESS	<b>1776 Mooring Line Drive, PHA</b>
4.4 CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>
5.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *[Signature]* DATE: **05, 1997** DAYTIME PHONE # **0020437**

CF2E037 (9/96)