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May 19 1997 8:00am
Secretary of State

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

1. Corporation Name
NORTH PASSAGE ASSOCIATION, INC.



Principal Place of Business ELLIOTT MERRILL COMMUNITY MGMT 1105 12TH STREET VERO BEACH FL 32960 US	Mailing Address ELLIOTT MERRILL COMMUNITY MGMT 1105 12TH STREET VERO BEACH FL 32960-3718 US
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3. Date Incorporated or Qualified 03/31/1977	3a. Date of Last Report 04/23/1996
4. FEI Number 59-1782610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Geyer, David
2.3 STREET ADDRESS	1010 Treasure Lane
2.4 CITY-ST-ZIP	VERO BEACH, FL 32963
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hancharick, Edward
4.3 STREET ADDRESS	1776 Mooring Line Drive, PHA
4.4 CITY-ST-ZIP	VERO BEACH FL 32963
5.1 TITLE	PD <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: S. K. O'NEILL DATE: 05/19/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E037 (9/96)