

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90012 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738518

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
US

1 2 3 4 5 6 7 8 9 10 11 12
 * 3 6 3 8 2 6 - 9 0 1 8 9 - 4 5 6 *



2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 03/31/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1782610
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Merrill Karen 82 Street Address (P.O. Box Number is Not Acceptable) 83 Same 84 City FL 85 Zip Code
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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 *Karen S. Merrill* DATE **3/16/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME STANFORD, FRANCES	1.2 NAME Turkey, Robin
STREET ADDRESS 1776 MOORING LINE DR, #108	1.3 STREET ADDRESS 1776 Mooring Line Dr. #206	CITY-ST-ZIP VERO BEACH FL	1.4 CITY-ST-ZIP VERO BEACH FL
TITLE DV <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME GEYER, DAVID	2.2 NAME
STREET ADDRESS 1010 TREASURE LANE	2.3 STREET ADDRESS	CITY-ST-ZIP VERO BCH, FL 00000	2.4 CITY-ST-ZIP
TITLE SD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME HICKOX, BARBARA	3.2 NAME
STREET ADDRESS 1776 MOORING DRIVE #202	3.3 STREET ADDRESS	CITY-ST-ZIP VERO BEACH FL	3.4 CITY-ST-ZIP
TITLE TD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME HANCHARICK, EDWARD	4.2 NAME
STREET ADDRESS 1776 MOORINGLINE DR., PHA	4.3 STREET ADDRESS	CITY-ST-ZIP VERO BCH, FL 00000	4.4 CITY-ST-ZIP
TITLE PD <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CODY, DONALD	5.2 NAME
STREET ADDRESS 1776 MOORING LINE DR	5.3 STREET ADDRESS	CITY-ST-ZIP VERO BCH FL	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Donald Cody* DATE **3-17-99** DAYTIME PHONE # **561-569-9853**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20E037-111981