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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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 3 6 3 8 2 6 - 9 0 1 8 9 - 4 5 6 *

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		03/31/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1782610	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ELLIOTT, RICHARD D. 1105 12TH STREET VERO BEACH FL 32960				81 Name <i>Merrill Karen</i>			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 <i>Same</i>			
				84 City FL 85 Zip Code			

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	<i>Turkey Robin</i>	
STREET ADDRESS	1776 MOORING LINE DR, #108		1.3 STREET ADDRESS	<i>1776 Mooring Line Dr. #206</i>	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	<i>VERO BEACH FL</i>	
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