

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738518

1. Entity Name

NORTH PASSAGE ASSOCIATION, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90092 003 \*\*\*\*61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1782610</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MERRILL, KAREN  
 1105 12TH STREET  
 VERO BEACH FL 32960

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input checked="" type="checkbox"/> Delete	NAME TURKER, ROBIN STREET ADDRESS 1776 MOORING LINE DR, #108 CITY-ST-ZIP VERO BEACH FL	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Church, Marjorie</i> STREET ADDRESS <i>1776 Mooring Line Dr. #109</i> CITY-ST-ZIP <i>VERO BEACH FL</i>
TITLE DV <input type="checkbox"/> Delete	NAME GEYER, DAVID STREET ADDRESS 1010 TREASURE LANE CITY-ST-ZIP VERO BCH, FL 00000	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD <input type="checkbox"/> Delete	NAME HICKOX, BARBARA STREET ADDRESS 1776 MOORING DRIVE #202 CITY-ST-ZIP VERO BEACH FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD <input type="checkbox"/> Delete	NAME HANCHARICK, EDWARD STREET ADDRESS 1776 MOORINGLINE DR., PHA CITY-ST-ZIP VERO BCH, FL 00000	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD <input type="checkbox"/> Delete	NAME CODY, DONALD STREET ADDRESS 1776 MOORING LINE DR CITY-ST-ZIP VERO BCH FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* Feb 17, 2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)