

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0031152

DOCUMENT # 738518

1. Entity Name

NORTH PASSAGE ASSOCIATION, INC.

04-04-2001 90119 046 ****61.25

Principal Place of Business	Mailing Address
ELLIOTT MERRILL COMMUNITY MGMT 1105 12TH STREET VERO BEACH FL 32960 US	ELLIOTT MERRILL COMMUNITY MGMT 1105 12TH STREET VERO BEACH FL 32960 US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1782610

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERRILL, KAREN
1105 12TH STREET
VERO BEACH FL 32960**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D CHURCH, MARVON	1776 MOORING LINE DR., #109	VERO BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
	DV GEYER, DAVID	1010 TREASURE LANE	VERO BCH, FL 00000	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SD HICKOX, BARBARA	1776 MOORING DRIVE #202	VERO BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
	TD HANCHARICK, EDWARD	1776 MOORINGLINE DR., PHA	VERO BCH, FL 00000	<input type="checkbox"/>	<input type="checkbox"/>
	PD CODY, DONALD	1776 MOORING LINE DR	VERO BCH FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D.T. Stanford, Stanford	1776 mooring line dr	VERO BEACH, FL 32960	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	DS Church, Marion	1776 mooringline Dr #109	VERO BEACH, FL 32960	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D Hickox, Barbara	1776 mooringline Dr. #202	VERO BEACH, FL 32960	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	DV Hancharick, Edward	1776 mooringline Dr #PHA	VERO BEACH, FL 32960	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/00)

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: DONALD D. CODY 3/20/01 231-5975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #