
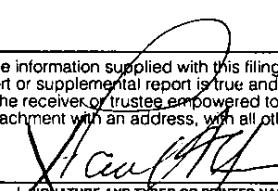


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90063 029 ****61.25

DOCUMENT # 738518					
1. Entity Name NORTH PASSAGE ASSOCIATION, INC.					
Principal Place of Business 835 20TH PL VERO BEACH, FL 32960 US		Mailing Address 835 20TH PL VERO BEACH, FL 32960 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1782610	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MERILL, KAREN 835 20TH PL VERO BEACH, FL 32960			Name		
			Street Address (P. O. Box Number is Not Acceptable)		
			City		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOTT, LEAH		NAME		
STREET ADDRESS	1776 MOORINGLINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YEAGLE, PAUL		NAME		
STREET ADDRESS	1776 MOORINGLINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARGINIAN, MILLIE		NAME		
STREET ADDRESS	1776 MOORINGLINE DRIVE #204		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STANIFORD, CRICKET		NAME		
STREET ADDRESS	1776 MOORINGLINE DRIVE #204		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CODY, DONALD		NAME		
STREET ADDRESS	1776 MOORING LINE DR		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 1/17/07		Daytime Phone #: 772-492-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40048396



01152007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1782610 Applied For Not Applicable

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

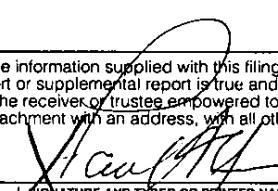
7. Name and Address of New Registered Agent
 Name
 Street Address (P. O. Box Number is Not Acceptable)
 City
 FL Zip Code

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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CITY-ST-ZIP			CITY-ST-ZIP		

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SIGNATURE:  Date: 1/17/07 Daytime Phone #: 772-492-7101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #