
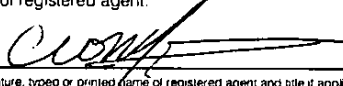



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90013 037 \*\*\*\*61.25

<b>DOCUMENT # 738518</b>					
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		01282008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1782610	Applied For <input type="checkbox"/> Not Applicable
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 <u>Charles McKinnon</u> Street Address (P.O. Box Number is Not Acceptable) <u>3055 Cardinal Dr Ste 302</u> City <u>Vero Beach</u> FL <u>32963</u>		
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 			DATE <u>3-20-08</u>		
Filing Fee is \$61.25 Due by May 1, 2008			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 <u>3/13/08</u>		Daytime Phone # <u>772 492-7101</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #