2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738518

FILED Mar 25, 2009 Secretary of State

Entity Name: NORTH PASSAGE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

VERO BEACH, FL 32960 US

Current Mailing Address: New Mailing Address:

835 20TH PL

VERO BEACH, FL 32960 US

FEI Number: 59-1782610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCKINNON, CHARLES 3055 CARDÍNAL DR STE 302 VERO BEACH, FL 32963

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SCOTT, LEAH SCOTT, LEAH Name: Name: 1776 MOORINGLINE DRIVE Address: 1776 MOORINGLINE DRIVE Address:

City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

Title: PD Title: (X) Change () Addition () Delete

YEAGLE, PAUL Name: YEAGLE, PAUL Name:

Address: 1776 MOORINGLINE DRIVE Address: 1776 MOORINGLINE DRIVE City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

Title: () Delete Title: (X) Change () Addition

MARGINIAN, MILLIE MARGINIAN, MILLIE Name: Name:

1776 MOORINGLINE DRIVE #204 1776 MOORINGLINE DRIVE #204 Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

() Delete Title: Title: () Change () Addition

Name: STANIFORD, CRICKET Name: 1776 MOORINGLINE DRIVE #204 Address: Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip:

Title: **VPTD** () Delete Title: (X) Change () Addition

CODY, DONALD CODY, DONALD Name: Name: 1776 MOORING LINE DR 1776 MOORING LINE DR Address: Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: VERO BEACH, FL 32962

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL YEAGLE Ρ 03/25/2009