

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90220 050 ****61.25

CR2E037 (10/02)

DOCUMENT # 738518

1. Entity Name
NORTH PASSAGE ASSOCIATION, INC.



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
US**

2. Principal Place of Business
835 20th PLACE
Suite, Apt. #, etc.

3. Mailing Address
835 20th Place
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

4. FEI Number **59-1782610** Applied For
Not Applicable

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
KAREN MERRILL

Street Address (P.O. Box Number is Not Acceptable)
**1105 ELLIOTT MERRILL COMMUNITY MGMT
835 20th Place**

City
VERO BEACH FL Zip Code
32960

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 *Karen L Merrill* DATE **3-26-03**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, LEAH	
STREET ADDRESS	1776 MOORINGLINE DR # 106	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STANIFORD, ROCKWELL	
STREET ADDRESS	1776 MOORINGLINE DR # 108	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIERNEY, WILLIAM	
STREET ADDRESS	1776 MOORINGLINE DR # 207	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HANCHARICK, EDWARD	
STREET ADDRESS	1776 MOORINGLINE DR., PHA	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CODY, DONALD	
STREET ADDRESS	1776 MOORING LINE DR	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott, Leah	
STREET ADDRESS	1776 Mooringline Dr. #106	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cody, Donald	
STREET ADDRESS	1776 Mooringline-Line Dr #102	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* DATE **Jan 31, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR