

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAR 16 AM 10:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741781 (9)

1. Corporation Name
WEST PASSAGE ASSOCIATION, INC.

Principal Place of Business Mailing Address

~~1001 BAY RD~~
~~P.O. BOX 6399~~
VERO BEACH FL 32964 32963

~~1001 BAY RD~~
P.O. BOX 6399
VERO BEACH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/23/1978** 3a. Date of Last Report **03/14/1994**

4. FEI Number **59-1973338** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

**ROUTH, JOHN W
1001 BAY RD #204A
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	NAME MCCONNELL, BETTY STREET ADDRESS 1001 BAY RD, #207 B CITY-ST-ZIP VERO BCH FL	1.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	NAME MCGOWAN, THOMAS STREET ADDRESS 1001 BAY RD, #205 B CITY-ST-ZIP VERO BCH FL	2.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME TROWBRIDGE, ROBINSON STREET ADDRESS 1001 BAY RD, #201 A CITY-ST-ZIP VERO BCH FL	2.2 NAME McGowan, Thomas	
TITLE T	NAME BRAMEL, ED STREET ADDRESS 1001 BAY RD #308C CITY-ST-ZIP VERO BCH FL	2.3 STREET ADDRESS Marbrisa, La Cita Court 71	
TITLE D	NAME MAST, PHYLLIS STREET ADDRESS 1001 BAY RD, #111-0 CITY-ST-ZIP VERO BCH FL	2.4 CITY-ST-ZIP VERO Beach, FL 32963	
TITLE P	NAME ROUTH, JOHN STREET ADDRESS 1001 BAY RD, #204 A CITY-ST-ZIP VERO BCH FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John W. Routh* **John W. Routh** **3/12/95** **(407) 231-3179**

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

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741781 (9)

1. Corporation Name

WEST PASSAGE ASSOCIATION, INC.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SLATINSHEK, MARY
1.3 STREET ADDRESS	1001 BAY RD. #101A
1.4 CITY-ST-ZIP	VERO BEACH, FL 32963