

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32963
US**

3. Date Incorporated or Qualified **02/23/1978** 3a. Date of Last Report **03/16/1995**
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**
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 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *John W Routh* Assistant Treasurer DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCONNELL, BETTY	1.2 NAME	D CHANDLER, James
STREET ADDRESS	1001 BAY RD, #207 B	1.3 STREET ADDRESS	1001 BAY ROAD # 307B
CITY-ST-ZIP	VERO BCH FL	1.4 CITY-ST-ZIP	VERO BEACH FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGOWAN, THOMAS	2.2 NAME	D SLATINSHEK, MARY
STREET ADDRESS	MARBRISA, LA CITA COURT 71	2.3 STREET ADDRESS	1001 BAY ROAD #101A
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	ASSISTANT TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROWBRIDGE, ROBINSON	3.2 NAME	ROUTH John
STREET ADDRESS	1001 BAY RD, #201 A	3.3 STREET ADDRESS	1001 BAY ROAD #201A
CITY-ST-ZIP	VERO BCH FL	3.4 CITY-ST-ZIP	VERO BEACH FL
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMEL, ED	4.2 NAME	
STREET ADDRESS	1001 BAY RD #308C	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DONALD	5.2 NAME	
STREET ADDRESS	1001 BAY ROAD #106B	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUTH, JOHN	6.2 NAME	
STREET ADDRESS	1001 BAY RD, #204 A	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	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 119.07(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: *Thomas J. McHowan - President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-96 (406)
Date Daytime Phone # 231-2916

CR2E037 (12/95)