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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/23/1978	3a. Date of Last Report 07/23/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1973338	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	MCCONNELL, BETTY 1001 BAY RD, #207 B VERO BCH FL	<input checked="" type="checkbox"/> DELETE	11 TITLE SD 12 NAME BLOMEYER, FLORA 13 STREET ADDRESS 1001 BAY ROAD, #703A 14 CITY-ST-ZIP VERO BEACH, FL 32963
TITLE PD	MCGOWAN, THOMAS MARBISA, LA CITA COURT 71 VERO BEACH FL	<input checked="" type="checkbox"/> DELETE	21 TITLE PD 22 NAME MCCONNELL, JOHN N. 23 STREET ADDRESS 1001 BAY ROAD #207B 24 CITY-ST-ZIP VERO BEACH, FL 32963
TITLE D	TROWBRIDGE, ROBINSON 1001 BAY RD, #201 A VERO BCH FL	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE TD	BRAMEL, ED 1001 BAY RD #308C VERO BCH. FL	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE VD	BAKER, DONALD 1001 BAY ROAD #106B VERO BCH FL	<input checked="" type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP VD ROSS, DONALD K 1001 BAY ROAD # 103A VERO BEACH, FL 32963
TITLE D	CHANDLER, JAMES 1001 BAY ROAD #307B VERO BEACH FL	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I do 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 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 as an attachment with an address.

SIGNATURE: *Edward C. Bramel* Date: 3/4/97 Daytime Phone # 0020670

CR2E037 (9/96)