

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **741781**

1. Entity Name

WEST PASSAGE ASSOCIATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90091 002 ****61.25

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 32963



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	100 Vista Royale Blvd.

City & State	City & State
	Vero Beach, FL

4. FEI Number	Applied For
59-1973338	<input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
32963	USA	32963	USA

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

SIGNATURE _____ DATE _____
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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLOMEYER, FLORA	
STREET ADDRESS	1001 BAY ROAD, #303A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCONNELL, JOHN N.	
STREET ADDRESS	1001 BAY ROAD, #207B	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROWBRIDGE, ROBINSON	
STREET ADDRESS	1001 BAY RD, #201 A	
CITY-ST-ZIP	VERO BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRAMEL, ED	
STREET ADDRESS	1001 BAY RD #308C	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROSS, DONALD K.	
STREET ADDRESS	1001 BAY ROAD, #103A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHANDLER, JAMES	
STREET ADDRESS	1001 BAY ROAD #307B	
CITY-ST-ZIP	VERO BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary/DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT OISHEA	
STREET ADDRESS	1001 BAY RD.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John McConnell	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President/director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rob Trowbridge	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Sirich	
STREET ADDRESS	1001 Bay Road # 304A	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Sligh	
STREET ADDRESS	1001 Bay Road	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Howkins	
STREET ADDRESS	1001 Bay Rd. -309 C	
CITY-ST-ZIP	VERO BEACH, FL 32963	

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: John Sirich, Pres. Date: 4/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)