

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90261 010 ****61.25

DOCUMENT # 741781

1. Entity Name
WEST PASSAGE ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

100 VISTA ROYALE BLVD.
VERO BEACH FL 32963
US

BD112791



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1973338

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name *William Lane*

Street Address (P.O. Box Number Not Acceptable)
1001 Bay Rd. #203-A

City *Vero Beach* FL Zip Code *32963*

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

William Lane

4-26-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
NAME **O'SHEA, PAT**
STREET ADDRESS **1001 BAY ROAD, #303A**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** Change Addition
NAME **Anthony Howkins**
STREET ADDRESS **1001 Bay Road #309C**
CITY-ST-ZIP **Vero Beach, FL 32963**

TITLE **D** Delete
NAME **MCCONNELL, JOHN N.**
STREET ADDRESS **1001 BAY ROAD, #207B**
CITY-ST-ZIP **VERO BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **SIRICH, JOHN**
STREET ADDRESS **1001 BAY ROAD, #304A**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **SLIGH, BOB**
STREET ADDRESS **1001 BAY RD., #208C**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **LANE, BILL**
STREET ADDRESS **1001 BAY RD., #203A**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **Daniel Liguori**
STREET ADDRESS **1001 Bay Road #210C**
CITY-ST-ZIP **Vero Beach, FL 32963**

TITLE Change 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.

772-294-5307

SIGNATURE:

Daniel Liguori
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)