

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 Mailing Address
1001 BAY RD **100 VISTA ROYALE BLVD.**
P.O. BOX 6399 **VERO BEACH FL 32963**
VERO BEACH FL 32963 **US**
US

BD112791



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1973338		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country				

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 <i>William Lane</i>			
				Street Address (P.O. Box Number Not Acceptable) <i>1001 Bay Rd. #203-A</i>			
				City <i>Vero Beach</i> FL Zip Code <i>32963</i>			

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 *[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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'SHEA, PAT		NAME	Anthony Howkins	
STREET ADDRESS	1001 BAY ROAD, #303A		STREET ADDRESS	1001 Bay Road #309C	
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCONNELL, JOHN N.		NAME		
STREET ADDRESS	1001 BAY ROAD, #207B		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRICH, JOHN		NAME		
STREET ADDRESS	1001 BAY ROAD, #304A		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLIGH, BOB		NAME		
STREET ADDRESS	1001 BAY RD., #208C		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, BILL		NAME		
STREET ADDRESS	1001 BAY RD., #203A		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Liguori		NAME		
STREET ADDRESS	1001 Bay Road #210C		STREET ADDRESS		
CITY-ST-ZIP	Vero Beach, FL 32963		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.

SIGNATURE: *[Signature]* *WIREN. SIRICH, V.P.* *4/23/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)