

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738518

**Entity Name:** NORTH PASSAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

835 20TH PL  
VERO BEACH, FL 32960

**Current Mailing Address:**

835 20TH PL  
VERO BEACH, FL 32960 US

**FEI Number: 59-1782610**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCKINNON, CHARLES  
3055 CARDINAL DR STE 302  
VERO BEACH, FL 32963 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title S  
Name SCOTT, LEAH  
Address 1776 MOORINGLINE DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title P  
Name YEAGLE, PAUL  
Address 1776 MOORINGLINE DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title VP  
Name HODDER, RICHARD  
Address 1776 MOORINGLINE DRIVE #105  
City-State-Zip: VERO BEACH FL 32963

Title T  
Name SCHNEIDER, SCOTT  
Address 1776 MOORING LINE DR #103  
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR  
Name ENGLERT, SUSAN  
Address 1776 MOORING LINE DR #204  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name ENGLERT, SUSAN  
Address 1776 MOORING LINE DR #204  
City-State-Zip: VERO BEACH FL 32963

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PAUL YEAGLE**

**PRESIDENT**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date