

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

DOCUMENT# 741781

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

**Current Principal Place of Business:**

1001 BAY RD  
VERO BEACH, FL 32963

**Current Mailing Address:**

3055 CARDINAL DR., SUITE 200  
VERO BEACH, FL 32963 US

**FEI Number:** 59-1973338

**Certificate of Status Desired:** No

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

GOODALL, JOHN  
1001 BAY ROAD, #106B  
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            PRESIDENT  
Name            NEWHOUSE, ARTHUR  
Address        1001 BAY RD #305B  
City-State-Zip: VERO BEACH FL 32963

Title            T  
Name            COLLARD, CAROL  
Address        1001 BAY RD #109C  
City-State-Zip: VERO BEACH FL 32963

Title            DIRECTOR  
Name            GOODALL, JOHN  
Address        1001 BAY ROAD, #106 B  
City-State-Zip: VERO BEACH FL 32963

Title            S  
Name            TILLMAN, SUSAN  
Address        1001 BAY ROAD, #302A  
City-State-Zip: VERO BEACH FL 32963

Title            VP  
Name            LIGUORI, DAN  
Address        1001 BAY ROAD, #210 C  
City-State-Zip: VERO BEACH FL 32963

Title            ASST. TREASURER  
Name            LANE, WILLIAM  
Address        1001 BAY ROAD, #203A  
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:** DAN LIGUORI

VP

03/20/2015

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

\_\_\_\_\_  
Date