

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90303 016 \*\*\*\*61.25

**DOCUMENT # 738518**

1. Entity Name

**NORTH PASSAGE ASSOCIATION, INC.**



Principal Place of Business

**835 20TH PL  
VERO BEACH FL 32960  
US**

Mailing Address

**835 20TH PL  
VERO BEACH FL 32960  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-1782610**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MERRILL, KAREN  
835 20TH PL  
VERO BEACH FL 32960**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	Delete
NAME	SCOTT, LEAH	
STREET ADDRESS	1776 MOORINGLINE DR # 106	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	Delete
NAME	YEAGLE, PAUL	
STREET ADDRESS	1776 MOORING LINE DR #202	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	Delete
NAME	ROCKWELL, STANIFORD	
STREET ADDRESS	1776 MOORING LINE DR #108	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	SD	Delete
NAME	HANCHARICK, EDWARD	
STREET ADDRESS	1776 MOORINGLINE DR, PHA	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	VPTD	Delete
NAME	CODY, DONALD	
STREET ADDRESS	1776 MOORING LINE DR	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott, Leah	
STREET ADDRESS	1776 Mooringline Drive # 106	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yeagle, Paul	
STREET ADDRESS	1776 Mooringline Drive #202	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marginian, Millie	
STREET ADDRESS	1776 Mooringline Drive #204	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Staniford, Cricket	
STREET ADDRESS	1776 Mooringline Drive #106	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/05

Date

772-492-7101

Daytime Phone #