

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90173 002 ****61.25

DOCUMENT # N07016

1. Entity Name

NOR'WEST PASSAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**901 BAY ROAD
 VERO BEACH FL 32963
 US**

**1880 BAY ROAD #121
 VERO BEACH FL 32963
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2549400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

714048



DO NOT WRITE IN THIS SPACE

- 6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

**LAMPERT, BARBARA
 1880 BAY ROAD #121
 VERO BCH FL 32963**

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.

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**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **PECK, JOHN A.**
 CITY-ST-ZIP **901 BAY RD., APT. 101
 VERO BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BERG, PHILIP J**
 CITY-ST-ZIP **901 BAY RD., #205
 VERO BEACH FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MD**
 STREET ADDRESS **LAMPERT, BARBARA**
 CITY-ST-ZIP **1155 BOWLINE DRIVE
 VERO BEACH FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1880 BAY RD #121**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Delete
 NAME **ISVD**
 STREET ADDRESS **ADAMS, CHARLES**
 CITY-ST-ZIP **901 BAY RD 202
 VERO BEACH FL 32963**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P/D**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **JACOBUS, EDWARD**
 STREET ADDRESS **901 BAY RD 102**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **HITTINGER, WILLIAM**
 STREET ADDRESS **901 BAY RD 203**
 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.

SIGNATURE: [Signature]

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/01 56-231-0852

CR2E037 (10/00)