2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07016

FILED Jan 03, 2007 Secretary of State

Entity Name: NOR'WEST PASSAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 901 BAY ROAD VERO BEACH, FL 32963 US **Current Mailing Address: New Mailing Address:** 635 23RD AVE VERO BEACH, FL 32962 US FEI Number: 59-2549400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMPERT, BARBARA 635 23RD AVE VERO BEACH, FL 32962 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition VEGHTE, WALTER Name: Name: 901 BAY RD, # 104 Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: () Delete Title: (X) Change () Addition BRYANT, GEORGE Name: BRYANT, GEORGE Name: Address: 901 BAY RD. # 105 Address: 901 BAY RD. # 105 City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: VERO BEACH, FL 32963 Title: MD () Delete Title: (X) Change () Addition LAMPERT, BARBARA LAMPERT, BARBARA Name: Name: 1880 BAY ROAD #121 Address: Address: 635 23RD AVE. City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32962 Title: () Delete Title: (X) Change () Addition Name: ADAMS, CHARLES Name: ADAMS, CHARLES Address: 901 BAY RD 202 Address: 901 BAY RD #202 City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963 Title: VΡ () Delete Title: () Change () Addition BUDDEN, JEAN Name: Name: 901 BAY RD #201 Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: () Delete Title: (X) Change () Addition COURANT, PAUL COURANT, PAUL Name: Name: Address: 901 BAY RD, #302 Address: 901 BAY RD, #302 VERO BEACH, FL 32962 VERO BEACH, FL 32963 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA LAMPERT MD 01/03/2007