


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90059 005 \*\*\*\*61.25

|  |                      |   |  |   |  |
|--|----------------------|---|--|---|--|
| <b>DOCUMENT # N07016</b><br>1. Entity Name<br>NOR'WEST PASSAGE CONDOMINIUM ASSOCIATION, INC.   |                      |   |  |  |  |
| Principal Place of Business<br>901 BAY ROAD<br>VERO BEACH, FL 32963 US   |                      |   | Mailing Address<br>635 23RD AVE<br>VERO BEACH, FL 32962 US |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                      | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |                      | Suite, Apt. #, etc.   |  |   |  |
| City & State   |                      | City & State  |  |   |  |
| Zip  | Country              | Zip   | Country  | 4. FEI Number<br>59-2549400   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                      |   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |                      |   |  | 7. Name and Address of New Registered Agent                                       |  |
| LAMPERT, BARBARA<br>635 23RD AVE<br>VERO BEACH, FL 32962   |                      |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                      |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                      |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |                      |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                      |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10      |   |  |
| TITLE  | P                    | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | VEGHTE, WALTER       |   | NAME   |   |  |
| STREET ADDRESS   | 901 BAY RD, # 104    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | VERO BEACH, FL 32963 |   | CITY-ST-ZIP  |   |  |
| TITLE  | ST                   | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | BRYANT, GEORGE       |   | NAME   |   |  |
| STREET ADDRESS   | 901 BAY RD, # 105    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | VERO BEACH, FL 32963 |   | CITY-ST-ZIP  |   |  |
| TITLE  | MD                   | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | LAMPERT, BARBARA     |   | NAME   |   |  |
| STREET ADDRESS   | 635 23RD AVE.        |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | VERO BEACH, FL 32962 |   | CITY-ST-ZIP  |   |  |
| TITLE  | D                    | <input checked="" type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME   | ADAMS, CHARLES       |   | NAME   | LAWRENCE FORSDICK   |  |
| STREET ADDRESS   | 901 BAY RD #202      |   | STREET ADDRESS   | 901 BAY RD # 102  |  |
| CITY-ST-ZIP  | VERO BEACH, FL 32963 |   | CITY-ST-ZIP  | VERO BEACH, FL 32962  |  |
| TITLE  | VP                   | <input checked="" type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME   | BUDDEN, JEAN         |   | NAME   | ARTHUR BUDDEN   |  |
| STREET ADDRESS   | 901 BAY RD #201      |   | STREET ADDRESS   | 901 BAY RD # 201  |  |
| CITY-ST-ZIP  | VERO BEACH, FL 32963 |   | CITY-ST-ZIP  | VERO BEACH, FL 32962  |  |
| TITLE  | D                    | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | COURANT, PAUL        |   | NAME   |   |  |
| STREET ADDRESS   | 901 BAY RD, # 302    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | VERO BEACH, FL 32963 |   | CITY-ST-ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Barbara Lampert</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                      |   | Date: <i>2/1/08</i><br><small>Daytime Phone #</small>      |   |  |