

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90061 004 ****61.25

DOCUMENT # N07016

1. Entity Name

NORWEST PASSAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

60001394



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2549400**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	PECK, JOHN A.	901 BAY RD., APT. 101	VERO BEACH FL	<input type="checkbox"/>					
	D	BERG, PHILIP J	901 BAY RD., #205	VERO BEACH FL	<input type="checkbox"/>					
	MD	LAMPERT, BARBARA	1880 BAY ROAD #121	VERO BEACH FL 32963	<input type="checkbox"/>					
	PD	ADAMS, CHARLES	901 BAY RD 202	VERO BEACH FL 32963	<input type="checkbox"/>					
	D	JACOUBS, EDWARD	901 BAY ROAD 102	VERO BEACH FL 32963	<input checked="" type="checkbox"/>					
	D	HITTINGER, WILLIAM	901 BAY ROAD 203	VERO BEACH FL 32963	<input type="checkbox"/>					

CR2E037 (10/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03 772-231-0852