2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24665

Apr 21, 2009 Secretary of State

Entity Name: NORTH PASSAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8710 SE RIVERFRONT TERR TEQUESTA, FL 33469 **Current Mailing Address: New Mailing Address:** 8710 SE RIVERFRONT TERR TEQUESTA, FL 33469 FEI Number: 65-0066363 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: CORNETT, JANE CORNETT GOOGE & ASSOCIATES PA. 401 EAST OSCEOLA STREET STUART, FL 349950066 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: () Change () Addition () Delete CARULL, HENRY Name: Name: 8710 SE RIVERFRONT DR Address: Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DESPLAINES, HENRI Name: Address: 8710 SE RIVERFRONT DR Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition AKLSHWEDE, JON DRAKE, MICHELE Name: Name: 8710 SE RIVERFRONT TERR 8710 SE RIVERFRONT TERR Address: Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: TEQUESTA, FL 33469 Title: VPD () Delete Title: VPD (X) Change () Addition Name: REGGIO, FRANK Name: GAUDET, ROBERT 18254- SE FAIRVIEW CIR 8710 SE RIVERFRONT TERRACE Address: Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information supplied with this filing does not qualify 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: HENRY A. CARULLI PD 04/21/2009