


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720611** (3)
1. Corporation Name
OLD PORT COVE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408	Mailing Address 1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408-3502
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/29/1971	3a. Date of Last Report 04/29/1996
24		25		4. FEI Number 59-1536203	Applied For <input type="checkbox"/> Not Applicable
29		30		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STEINBERG, JONAS 1200 MARINE WAY NORTH PALM BEACH FL 33408		10. Name and Address of New Registered Agent 81 Name Levin, Morton S. 82 Street Address (P.O. Box Number is Not Acceptable) 115 Lakeshore Drive 83 84 City North Palm Beach FL 85 Zip Code 33408	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Morton S. Levin* **Morton S. Levin President** **4/17/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINBERG, JONAS	1.2 NAME	Levin, Morton S.
STREET ADDRESS	1200 MARINE WAY	1.3 STREET ADDRESS	115 Lakeshore Drive
CITY-ST-ZIP	N PALM BCH, FL 00000	1.4 CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGEL, HAROLD J.	2.2 NAME	
STREET ADDRESS	124 LAKESHORE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIGHE, JOHN	3.2 NAME	Donnelly, Vincent A.
STREET ADDRESS	108 LAKESHORE DR	3.3 STREET ADDRESS	100 Lakeshore Drive
CITY-ST-ZIP	N PALM BCH FL	3.4 CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Morton S. Levin* **Morton S. Levin Pres.** **4/17/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)