FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 29 PM 7:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **720611** **(3)**

1. Corporation Name

OLD PORT COVE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408	1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1971
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1536203 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

LEVIN, MORTON
115 LAKESHORE DR
STE 2148
N.PALM BCH. FL 33408

10. Name and Address of New Registered Agent

81 Name: Steinberg, Jonas
82 Street Address (P.O. Box Number is Not Acceptable): 1200 Marine Way
83
84 City: North Palm Beach **FL** 85 Zip Code: 33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: / (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	STEINBERG, JONAS	1.2 NAME		
STREET ADDRESS	1200 MARINE WAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BCH, FL 00000	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	LEVIN, MORTON	2.2 NAME	Fogel, Harold J.	
STREET ADDRESS	115 LAKESHORE DR.	2.3 STREET ADDRESS	124 Lakeshore Dr	
CITY-ST-ZIP	N. PALM BEACH FL	2.4 CITY-ST-ZIP	N Palm Bch, FL	
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	FISKE, MORTON	3.2 NAME	Tighe, John	
STREET ADDRESS	134 LAKESHORE DR	3.3 STREET ADDRESS	108 Lakeshore Dr	
CITY-ST-ZIP	N PALM BCH FL	3.4 CITY-ST-ZIP	N Palm Bch, FL	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: / 407-626-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jonas Steinberg - President

0011180