

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 PM 12: 12

DOCUMENT # **720705** (3)  
1. Corporation Name  
**OLD PORT COVE CONDOMINIUM ASSOCIATION ONE, 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 <b>04/12/1971</b>	3a. Date of Last Report <b>04/07/1994</b>
4. FEI Number <b>59-1536202</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**STEINBERG, JONAS  
1200 MARINE WAY  
N. PALM BEACH FL 33408**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>
NAME	<b>SADLO, WALTER</b>
STREET ADDRESS	<b>1200 MARINA WAY</b>
CITY - ST - ZIP	<b>N PALM BCH, FL 00000</b>
TITLE	<b>PD</b>
NAME	<b>STEINBERG, JONAS</b>
STREET ADDRESS	<b>1200 MARINE WAY</b>
CITY - ST - ZIP	<b>N PALM BCH, FL 00000</b>
TITLE	<b>VD</b>
NAME	<b>ADE, MARY JANE</b>
STREET ADDRESS	<b>1208 MARINE WAY</b>
CITY - ST - ZIP	<b>N. PALM BCH, FL</b>
TITLE	<b>TD</b>
NAME	<b>FAGAN, JOSEPH</b>
STREET ADDRESS	<b>120 LAKESHORE DR.</b>
CITY - ST - ZIP	<b>N. PALM BCH, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Graham, Peter</b>
1.3 STREET ADDRESS	<b>1200 Marine Way</b>
1.4 CITY - ST - ZIP	<b>N Palm Beach, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Helmich, Larry</b>
3.3 STREET ADDRESS	<b>1200 Marine Way</b>
3.4 CITY - ST - ZIP	<b>N Palm Beach, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied by 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 form of 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 for the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jonas Steinberg - President**  
Date: **4/6/95** Daytona Beach: **407-626-3100**