

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1971		3a. Date of Last Report 04/12/1995	
21		26		4. FEI Number 59-1536202		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEINBERG, JONAS 1200 MARINE WAY N. PALM BEACH FL 33408				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAHAM, PETER			1.2 NAME			
STREET ADDRESS	1200 MARINA WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	N PALM BCH, FL 00000			1.4 CITY-ST-ZIP	33408		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEINBERG, JONAS			2.2 NAME			
STREET ADDRESS	1200 MARINE WAY			2.3 STREET ADDRESS	33408		
CITY-ST-ZIP	N PALM BCH, FL 00000			2.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HELMICH, LARRY			3.2 NAME	VD		
STREET ADDRESS	1208 MARINE WAY			3.3 STREET ADDRESS	Ade, Mary Jane		
CITY-ST-ZIP	N. PALM BCH. FL			3.4 CITY-ST-ZIP	1208 Marine Way		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAGAN, JOSEPH			4.2 NAME			
STREET ADDRESS	120 LAKESHORE DR.			4.3 STREET ADDRESS	33408		
CITY-ST-ZIP	N. PALM BCH. FL			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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jonas Steinberg

Date

Daytime Phone #

407-626-3100

CR2E037 (12/95)