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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 33408-3502

3. Date Incorporated or Qualified 04/12/1971
3a. Date of Last Report 04/17/1996

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30
4. FEI Number 59-1536202 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Helmich, Larry J.
82 Street Address (P.O. Box Number is Not Acceptable) 1200 Marina Way
83
84 City North Palm Beach FL 85 Zip Code 33408

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 *Larry J. Helmich* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, PETER	1.2 NAME	Helmich, Larry J.
STREET ADDRESS	1200 MARINA WAY	1.3 STREET ADDRESS	1200 Marine Way
CITY-ST-ZIP	N PALM BCH, FL 00000	1.4 CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	PD DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINBERG, JONAS	2.2 NAME	Buenting, Robert E.
STREET ADDRESS	1200 MARINE WAY	2.3 STREET ADDRESS	1200 Marine Way
CITY-ST-ZIP	N PALM BCH, FL 00000	2.4 CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADE, MARY J	3.2 NAME	
STREET ADDRESS	1208 MARINE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGAN, JOSEPH	4.2 NAME	
STREET ADDRESS	120 LAKESHORE DR.	4.3 STREET ADDRESS	1208 Marine Way
CITY-ST-ZIP	N. PALM BCH. FL	4.4 CITY-ST-ZIP	North Palm Beach, FL 33408
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: *Larry J. Helmich* 591-626-3100
SIGNATURE REQUIRED OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone # 0040628

CR2E037 (9/96)