

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720705 (3)**  
1. Corporation Name  
**OLD PORT COVE CONDOMINIUM ASSOCIATION ONE, INC.**



Principal Place of Business <b>1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408</b>	Mailing Address <b>1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408</b>
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3. Date Incorporated or Qualified  
**04/12/1971**

4. FEI Number <b>59-1536202</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>30</b>

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**HELMICH, LARRY J  
1200 MARINE WAY  
N. PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name <b>Fagan, Joseph</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1208 Marine Way</b>
83 <b>North Palm Beach</b>
84 City <b>FL</b>
85 Zip Code <b>33408</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 *Joseph F. Fagan* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE <b>HELMICK, LARRY J 1200 MARINA WAY N PALM BCH, FL 00000</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE <b>BUENTING, ROBERT E 1200 MARINE WAY N PALM BCH, FL 00000</b>	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	<input type="checkbox"/> DELETE <b>ADE, MARY J 1208 MARINE WAY N PALM BCH FL</b>	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<input type="checkbox"/> DELETE <b>FAGAN, JOSEPH 1208 MARINE WAY N. PALM BCH. FL</b>	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<input type="checkbox"/> DELETE <b>Piccini, Sarah 1200 Marine Way N Palm Beach, FL 33408</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	<input type="checkbox"/> DELETE <b>Blank, Arthur 1208 Marine Way N Palm Beach, FL 33408</b>	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: **Joseph F. Fagan-President** *Joseph F. Fagan* 561-626-3100

CFR2037 (10/97)