


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90040 042 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720705**

1. Corporation Name

**OLD PORT COVE CONDOMINIUM ASSOCIATION ONE, INC.**

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

Mailing Address  
 1200 U.S. HIGHWAY 1  
 NORTH PALM BEACH FL 33408



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/12/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1536202	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>FAGAN, JOSEPH</b> <b>1208 MARINE WAY</b> <b>N PALM BCH FL 33408</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PICCINI, SARAH			1.2 NAME	Helmich, Larry		
STREET ADDRESS	1200 MARINE WAY			1.3 STREET ADDRESS	1200 Marine Way		
CITY-ST-ZIP	N PALM BCH FL 33408			1.4 CITY-ST-ZIP	N Palm Bch, FL 33408		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLANK, ARTHUR			2.2 NAME	Parenti, Michael		
STREET ADDRESS	1208 MARINE WAY			2.3 STREET ADDRESS	1200 Marine Way		
CITY-ST-ZIP	N PALM BCH FL 33408			2.4 CITY-ST-ZIP	N Palm Bch, FL 33408		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input 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	PD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAGAN, JOSEPH			4.2 NAME			
STREET ADDRESS	1208 MARINE WAY			4.3 STREET ADDRESS			
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 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 with all other like empowered.

SIGNATURE:

*Joseph Fagan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Joseph Fagan-President

Date

Daytime Phone #

561-626-3100

CR2E037 (11/98)