

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0049958

DOCUMENT # 720705

1. Entity Name

OLD PORT COVE CONDOMINIUM ASSOCIATION ONE, INC.

04-03-2001 90042 049 ****70.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1536202

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAGAN, JOSEPH
1208 MARINE WAY
N PALM BCH FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	SD FRIEDMAN, PATRICIA	1200 MARINE WAY	N PALM BCH FL 33408	<input type="checkbox"/>	<input type="checkbox"/>
	VD PARENTI, MICHAEL	1200 MARINE WAY	N PALM BCH FL 33408	<input type="checkbox"/>	<input type="checkbox"/>
	D SHARKEY, CHARLES	1208 MARINE WAY	NORTH PALM BEACH FL 33408	<input type="checkbox"/>	<input type="checkbox"/>
	PD FAGAN, JOSEPH	1208 MARINE WAY	N. PALM BCH. FL	<input type="checkbox"/>	<input type="checkbox"/>
	TD HELMICH, LARRY	1200 MARINE WAY	N. PALM BCH FL 33408	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Fagan
 JOSEPH F. FAGAN, REGISTERED AGENT

04/01/01

SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)