2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720705

FILED Apr 28, 2004 Secretary of State

Entity Name: OLD PORT COVE CONDOMINUM ASSOCIATION ONE, INC.

Current P	rincipal Place of Busines	ss:	New Principal Place of Business:
	HIGHWAY 1 ALM BEACH, FL 33408		1200 U.S. HIGHWAY 1 SUITE E NORTH PALM BEACH, FL 33408
Current M	ailing Address:		New Mailing Address:
	HIGHWAY 1 ALM BEACH, FL 33408		1200 U.S. HIGHWAY 1 SUITE E NORTH PALM BEACH, FL 33408
El Number:	: 59-1536202 FEI Numbe	r Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Reg	istered Agent:	Name and Address of New Registered Agent:
1200 MAŔ	MICHAEL INE WAY CH, FL 33408 US		OPC MANAGEMENT, INC. 1200 US HWY # 1 SUITE E N PALM BCH, FL 33408 US
	named entity submits this e of Florida.	statement for the po	urpose of changing its registered office or registered agent, or bo
SIGNATUR	RE: ALFRED S DEMOTT		04/28/2004
	Electronic Signature	of Registered Age	nt Date
OFFICERS	S AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Fitle: Name: Address: City-St-Zip:	S () Delete FRIEDMAN, PATRICIA 1200 MARINE WAY N PALM BCH, FL 33408		Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	D () Delete PARENTI, MICHAEL 1200 MARINE WAY. N PALM BCH, FL 33408		Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	VP () Delete SHARKEY, CHARLES 1208 MARINE WAY NORTH PALM BEACH, FL 33	408	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	P () Delete FAGAN, JOSEPH 1208 MARINE WAY N. PALM BCH., FL		Title: () Change () Addition Name: Address: City-St-Zip:
			Title: T (X) Change () Addition
Fitle: Name: Address: City-St-Zip:	D () Delete MORTIMER, HAROLD 1200 MARINE WAY NORTH PALM BEACH, FL 33	408	Name: MORTIMER, HAROLD Address: 1200 MARINE WAY City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH FAGAN P 04/28/2004