

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720705

FILED  
Mar 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1200 U.S. HIGHWAY 1  
SUITE E  
NORTH PALM BEACH, FL 33407

**New Principal Place of Business:**

1201 U.S. HIGHWAY 1  
SUITE 330  
NORTH PALM BEACH, FL 33407

**Current Mailing Address:**

901 NORTHPOINT PARKWAY  
SUITE 307  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

1201 U.S. HIGHWAY 1  
SUITE 330  
NORTH PALM BEACH, FL 33407

FEI Number: 59-1536202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIREKTOR, KENNETH S ESQ.  
625 NORTH FLAGLER DRIVE  
7TH FLOOR  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: HELMICH, LARRY  
Address: 1200 MARINE WAY  
City-St-Zip: N PALM BCH, FL 33408

Title: D ( ) Delete  
Name: DEZWARTE, DANIEL J.  
Address: 1200 MARINE WAY.  
City-St-Zip: N PALM BCH, FL 33408

Title: P ( ) Delete  
Name: FAGAN, JOSEPH  
Address: 1200 MARINE WAY  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete  
Name: CONLIN, BRUCE  
Address: 1200 MARINE WAY  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FRIEDMAN, PATRICIA  
Address: 1200 MARINE WAY.  
City-St-Zip: N PALM BCH, FL 33408

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T/S (X) Change ( ) Addition  
Name: CONLIN, BRUCE  
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 exemption stated in Chapter 119, 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: JOE FAGAN

P

03/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date