2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 720611

Entity Name: OLD PORT COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1200 U.S. HIGHWAY 1
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

1201 U.S. HIGHWAY 1
SUITE 330
NORTH PALM BEACH, FL 33408

Current Mailing Address:

1200 U.S. HIGHWAY 1
NORTH PALM BEACH, FL 33408

New Mailing Address:

1201 U.S. HIGHWAY 1
SUITE 330
NORTH PALM BEACH, FL 33408

FEI Number: 59-1536203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER-POLIAKOFF, PA
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: CALANDRA, MICHAEL
Address: 1109 MARINE WAY #L1R
City-St-Zip: N PALM BEACH, FL 33408

Title: T ( ) Delete
Name: NORTON, BILL
Address: 108 LAKESHORE DR 1740
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P ( ) Delete
Name: ANASTASI, THOMAS
Address: 115 LAKESHORE DR
City-St-Zip: N PALM BCH, FL 33408

Title: D ( ) Delete
Name: CROWE, ROBERT
Address: 1200 MARINE WAY 8801
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete
Name: WITKIN, LAURENCE
Address: 136 LAKESHORE DR 512
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S ( ) Delete
Name: DAVID, GREGG
Address: 100 LAKE SHORE DRIVE 1553
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: DANIELLO, LOUIS
Address: 120 LAKESHORE DR PH27
City-St-Zip: NORTH PALM BEACH, FL 33408

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

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

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

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

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: THOMAS ANASTASI P 04/21/2009

Electronic Signature of Signing Officer or Director Date