

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720611

Entity Name: OLD PORT COVE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**11770 U.S. HIGHWAY 1
SUITE 301
PALM BEACH GARDENS, FL 33408**Current Mailing Address:**11770 U.S. HIGHWAY 1
SUITE 301
PALM BEACH GARDENS, FL 33408 US**FEI Number:** 59-1536203**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIR STE 1102
CORAL GABLES, FL 33134 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	PIRES, GARY
Address	11770 US HIGHWAY ONE SUITE 301
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	PRESIDENT
Name	ANASTASI, THOMAS
Address	11770 US HIGHWAY ONE SUITE 301
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	DIRECTOR
Name	HICKEY, THOMAS
Address	11770 US HIGHWAY ONE SUITE 301
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	DIRECTOR
Name	COHEN, STEVEN
Address	11770 US HIGHWAY ONE SUITE 301
City-State-Zip:	PALM BEACH GARDENS FL 33408

Title	VP
Name	KRAMER, FREDERICK
Address	11770 US HWY 1 SUITE 301
City-State-Zip:	PALM BEACH GARDENS FL 33408

Title	TREASURER
Name	DANIELLO, LOU
Address	11770 US HWY 1 SUITE 301
City-State-Zip:	PALM BEACH GARDENS FL 33408

I hereby 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 all other like empowered.

SIGNATURE: THOMAS ANASTASI

PRESIDENT

03/18/2020

Electronic Signature of Signing Officer/Director Detail_____
Date