

2014 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	VP/T
Name	DANIELLO, LOUIS
Address	100 LAKESHORE DR 1753
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	P
Name	ANASTASI, THOMAS
Address	115 LAKESHORE DR
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	D
Name	NORTON, BILL
Address	108 LAKESHORE DRIVE 1740
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	SECRETARY
Name	WITKIN, LAURENCE
Address	136 LAKESHORE DR 512
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	DIRECTOR
Name	GREGG, DAVID
Address	100 LAKESHORE DRIVE
City-State-Zip:	NORTH PALM BEACH 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

03/31/2014

Electronic Signature of Signing Officer/Director Detail_____
Date