## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 720705** 

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

**FILED** Feb 09, 2017 **Secretary of State** CC2181220118

## **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: 59-1536202 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SKRLD, INC 201 ALHAMBRA CIRCLE **SUITE 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** Title **PRESIDENT** 

Name SHEA, PATRICK Name KRAMER, FREDERICK 11770 US HIGHWAY ONE Address

11770 U.S. HIGHWAY 1 Address SUITE 301 SUITE 301

City-State-Zip: PALM BEACH GARDENS FL 33408 City-State-Zip: NORTH PALM BEACH FL 33408

Title **DIRECTOR** Title VP T

Name BARTH, LINDA Name GAMBLE, THOMAS Address 11770 U.S. HIGHWAY 1 Address 11770 U.S. HIGHWAY 1

SUITE 301 SUITE 301

City-State-Zip: PALM BEACH GARDENS FL 33408 City-State-Zip: PALM BEACH GARDENS FL 33408

Title DIRECTOR DAY, JON Name

11770 US HIGHWAY ONE Address

SUITE 301

PALM BEACH GARDENS FL 33408 City-State-Zip:

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.

Electronic Signature of Signing Officer/Director Detail