

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720705

Entity Name: OLD PORT COVE CONDOMINIUM ASSOCIATION ONE, INC.**Current Principal Place of Business:**11621 KEW GARDENS AVENUE
SUITE 200
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**11621 KEW GARDENS AVENUE
SUITE 200
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 59-1536202**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIATED CORPORATE SERVICES, LLC
611 BROKEN SOUND PARKWAY NW,
SUITE 200
BOCA RATON, FL 33487 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	PRESIDENT
Name	GAMBLE, THOMAS
Address	11621 KEW GARDENS AVENUE SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SECRETARY
Name	MEDOFF, KAREN
Address	11621 KEW GARDENS AVENUE SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	TREASURER
Name	HILLOCK, MELODY
Address	11621 KEW GARDENS AVENUE SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VP.
Name	ROMERO, ANDY
Address	11621 KEW GARDENS AVENUE SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	FRIEDMAN, PATRICIA
Address	11621 KEW GARDENS AVENUE SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33410

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 GAMBLE

PRESIDENT

05/02/2023

Electronic Signature of Signing Officer/Director Detail_____
Date