

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720705

**Entity Name:** OLD PORT COVE CONDOMINIUM ASSOCIATION ONE, 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:** 59-1536202**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	PRESIDENT
Name	NEVEGLIS, MICHAEL
Address	11770 U.S. HIGHWAY 1 SUITE 301
City-State-Zip:	PALM BEACH GARDENS FL 33408

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

Title	SECRETARY
Name	COPELAND, LINDA
Address	11770 U.S. HIGHWAY 1 SUITE 301
City-State-Zip:	PALM BEACH GARDENS FL 33408

Title	VP.T
Name	GAMBLE, THOMAS
Address	11770 U.S. HIGHWAY 1 SUITE 301
City-State-Zip:	PALM BEACH GARDENS FL 33408

Title	DIRECTOR
Name	ARCOLEO, CHRISTOPHER
Address	11770 U.S. HIGHWAY 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:** MICHAEL NEVEGLIS

PRESIDENT

02/13/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date