

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720705

**Entity Name:** OLD PORT COVE CONDOMINIUM ASSOCIATION ONE, INC.

**FILED**  
**Feb 15, 2018**  
**Secretary of State**  
**CC9985770437**

**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  
Name            NEVEGLIS, MICHAEL  
Address        11770 U.S. HIGHWAY 1  
                 SUITE 301  
City-State-Zip: PALM BEACH GARDENS FL 33408

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

Title            DIRECTOR  
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: FREDERICK KRAMER**

**PRESIDENT**

**02/15/2018**

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

\_\_\_\_\_  
Date