

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 29 PM 7:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720611 (3)
1. Corporation Name
OLD PORT COVE PROPERTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified 03/29/1971
3a. Date of Last Report 04/19/1994
4. FEI Number 59-1536203
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LEVIN, MORTON
115 LAKESHORE DR
STE 2148
N.PALM BCH. FL 33408

10. Name and Address of New Registered Agent
81 Name Steinberg, Jonas
82 Street Address (P.O. Box Number is Not Acceptable) 1200 Marine Way
83
84 City North Palm Beach FL 85 Zip Code 33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	STEINBERG, JONAS
STREET ADDRESS	1200 MARINE WAY
CITY - ST - ZIP	N PALM BCH, FL 00000
TITLE	PD
NAME	LEVIN, MORTON
STREET ADDRESS	115 LAKESHORE DR.
CITY - ST - ZIP	N. PALM BEACH FL
TITLE	STD
NAME	FISKE, MORTON
STREET ADDRESS	134 LAKESHORE DR
CITY - ST - ZIP	N PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fogel, Harold J.	
2.3 STREET ADDRESS	124 Lakeshore Dr	
2.4 CITY - ST - ZIP	N Palm Bch, FL	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tighe, John	
3.3 STREET ADDRESS	108 Lakeshore Dr	
3.4 CITY - ST - ZIP	N Palm Bch, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: DATE 407-626-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Jonas Steinberg - President