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Apr 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408
1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408-3502

3. Date Incorporated or Qualified 03/29/1971
3a. Date of Last Report 04/29/1996
4. FEI Number 59-1536203
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
STEINBERG, JONAS
1200 MARINE WAY
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent
81 Name Levin, Morton S.
82 Street Address (P.O. Box Number is Not Acceptable) 115 Lakeshore Drive
83
84 City North Palm Beach FL 85 Zip Code 33408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Morton S. Levin* Morton S. Levin President 4/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME STEINBERG, JONAS
STREET ADDRESS 1200 MARINE WAY
CITY-ST-ZIP N PALM BCH, FL 00000
TITLE VD DELETE
NAME FOGEL, HAROLD J.
STREET ADDRESS 124 LAKESHORE DR.
CITY-ST-ZIP N. PALM BEACH FL
TITLE STD DELETE
NAME TIGHE, JOHN
STREET ADDRESS 108 LAKESHORE DR
CITY-ST-ZIP N PALM BCH FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
1.2 NAME Levin, Morton S.
1.3 STREET ADDRESS 115 Lakeshore Drive
1.4 CITY-ST-ZIP North Palm Beach, FL 33408
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE STD Change Addition
3.2 NAME Donnelly, Vincent A.
3.3 STREET ADDRESS 100 Lakeshore Drive
3.4 CITY-ST-ZIP North Palm Beach, FL 33408
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Morton S. Levin* Morton S. Levin Pres. 4/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000000

CR2E037 (9/96)