


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 17 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|   |  |
|---|--|
| Principal Place of Business<br><b>1200 U.S. HIGHWAY 1<br/>NORTH PALM BEACH FL 33408</b> | Mailing Address<br><b>1200 U.S. HIGHWAY 1<br/>NORTH PALM BEACH FL 33408-3502</b> |
|---|--|

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

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

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<br><b>PD</b>                         | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>STEINBERG, JONAS</b>            |  |
| STREET ADDRESS<br><b>1200 MARINE WAY</b>   |  |
| CITY-ST-ZIP<br><b>N PALM BCH, FL 00000</b> |  |
| TITLE<br><b>VD</b>                         | <input type="checkbox"/> DELETE            |
| NAME<br><b>FOGEL, HAROLD J.</b>            |  |
| STREET ADDRESS<br><b>124 LAKESHORE DR.</b> |  |
| CITY-ST-ZIP<br><b>N. PALM BEACH FL</b>     |  |
| TITLE<br><b>STD</b>                        | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>TIGHE, JOHN</b>                 |  |
| STREET ADDRESS<br><b>108 LAKESHORE DR</b>  |  |
| CITY-ST-ZIP<br><b>N PALM BCH FL</b>        |  |
| TITLE                                      | <input type="checkbox"/> DELETE            |
| NAME                                       |  |
| STREET ADDRESS                             |  |
| CITY-ST-ZIP                                |  |
| TITLE                                      | <input type="checkbox"/> DELETE            |
| NAME                                       |  |
| STREET ADDRESS                             |  |
| CITY-ST-ZIP                                |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |  |
|--|--|
| 1.1 TITLE<br><b>PD</b>                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME<br><b>Levin, Morton S.</b>                  |  |
| 1.3 STREET ADDRESS<br><b>115 Lakeshore Drive</b>     |  |
| 1.4 CITY-ST-ZIP<br><b>North Palm Beach, FL 33408</b> |  |
| 2.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME   |  |
| 2.3 STREET ADDRESS                                   |  |
| 2.4 CITY-ST-ZIP                                      |  |
| 3.1 TITLE<br><b>STD</b>                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME<br><b>Donnelly, Vincent A.</b>              |  |
| 3.3 STREET ADDRESS<br><b>100 Lakeshore Drive</b>     |  |
| 3.4 CITY-ST-ZIP<br><b>North Palm Beach, FL 33408</b> |  |
| 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 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)