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**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90037 040 \*\*\*\*70.00

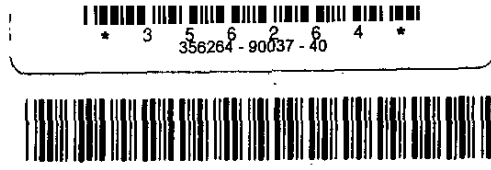
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720611**

1. Corporation Name  
**OLD PORT COVE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business 1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408	Mailing Address 1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/29/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1536203
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**LEVIN, MORTON S**  
**115 LAKESHORE DRIVE**  
**NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name **Steinberg, Jonas**  
 82 Street Address (P.O. Box Number is Not Acceptable) **108 Lakeshore Dr**  
 83  
 84 City **No 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, MORTON S	
STREET ADDRESS	115 LAKESHORE DR.	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FOGEL, HAROLD J.	
STREET ADDRESS	124 LAKESHORE DR.	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	DONNELLY, VINCENT A	
STREET ADDRESS	100 LAKESHORE DR.	
CITY-ST-ZIP	N PALM BCH FL	
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		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Steinberg, Jonas		
1.3 STREET ADDRESS	108 Lakeshore Dr		
1.4 CITY-ST-ZIP	No Palm Bch, FL 33408		
2.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Barnett, Robert		
2.3 STREET ADDRESS	132 Lakeshore Dr.		
2.4 CITY-ST-ZIP	No Palm Bch, FL 33408		
3.1 TITLE	SDAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Powell, A. Stuart		
3.3 STREET ADDRESS	1116 Marine Way		
3.4 CITY-ST-ZIP	No Palm Bch, FL 33408		
4.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Donehower, William		
4.3 STREET ADDRESS	120 Lakeshore Dr		
4.4 CITY-ST-ZIP	No Palm Bch, FL 33408		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *A. Stuart Powell* **SIGNATURE REQUIRED** 4/15/99 **561-626-3100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**A. Stuart Powell - Secretary**

CR2E037 (1/98)