


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am  
Secretary of State

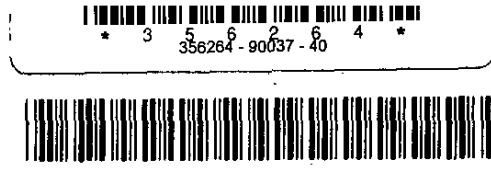
04-20-1999 90037 040 \*\*\*\*70.00

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"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>LEVIN, MORTON S 115 LAKESHORE DRIVE NORTH PALM BEACH FL 33408</b>	10. Name and Address of New Registered Agent 81 Name <b>Steinberg, Jonas</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>108 Lakeshore Dr</b> 83 84 City <b>No Palm Beach</b> FL 85 Zip Code <b>33408</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEVIN, MORTON S		1.2 NAME Steinberg, Jonas	
STREET ADDRESS 115 LAKESHORE DR.		1.3 STREET ADDRESS 108 Lakeshore Dr	
CITY-ST-ZIP N PALM BCH, FL 00000		1.4 CITY-ST-ZIP No Palm Bch, FL 33408	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FOGEL, HAROLD J.		2.2 NAME Barnett, Robert	
STREET ADDRESS 124 LAKESHORE DR.		2.3 STREET ADDRESS 132 Lakeshore Dr.	
CITY-ST-ZIP N. PALM BEACH FL		2.4 CITY-ST-ZIP No Palm Bch, FL 33408	
TITLE STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SDAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DONNELLY, VINCENT A		3.2 NAME Powell, A. Stuart	
STREET ADDRESS 100 LAKESHORE DR.		3.3 STREET ADDRESS 1116 Marine Way	
CITY-ST-ZIP N PALM BCH FL		3.4 CITY-ST-ZIP No Palm Bch, FL 33408	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Donehower, William	
STREET ADDRESS		4.3 STREET ADDRESS 120 Lakeshore Dr	
CITY-ST-ZIP		4.4 CITY-ST-ZIP No Palm Bch, FL 33408	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Date: 4/15/99 Daytime Phone #: 561-626-3100

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CR2E037 (1/198)