

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90013 035 ****70.00

DOCUMENT # 720611

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1536203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINBERG, JONAS
108 LAKESHORE DR
NORTH PALM BEACH FL 33408

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEINBERG, JONAS	
STREET ADDRESS	108 LAKESHORE DR	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, ROBERT	
STREET ADDRESS	132 LAKESHORE DR	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	STAD	<input type="checkbox"/> Delete
NAME	POWELL, A S	
STREET ADDRESS	1116 MARINE WAY	
CITY-ST-ZIP	N PALM BCH FL 33408	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DONEHOWER, WILLIAM	
STREET ADDRESS	120 LAKESHORE DR	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hughes, John	
STREET ADDRESS	136 Lakeshore Dr	
CITY-ST-ZIP	N Palm Beach, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fagan, Joseph	
STREET ADDRESS	1208 Marine Way	
CITY-ST-ZIP	N Palm Beach, FL 33408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levin, Morton	
STREET ADDRESS	115 Lakeshore Dr	
CITY-ST-ZIP	N Palm Beach, FL 33408	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonas Steinberg
 SIGNATURE

Date

Daytime Phone #

561-626-3100

CR2E037 (9/99)