

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720611

1. Entity Name

OLD PORT COVE PROPERTY OWNERS ASSOCIATION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90018 023 *****70.00

0049990

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1536203

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, JONAS
108 LAKESHORE DR
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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

TITLE PD
NAME STEINBERG, JONAS
STREET ADDRESS 108 LAKESHORE DR
CITY-ST-ZIP N PALM BEACH FL 33408 ☐ Delete

TITLE VD
NAME HUGHES, JOHN
STREET ADDRESS 136 LAKESHORE DRIVE
CITY-ST-ZIP N. PALM BEACH FL 33408 ☐ Delete

TITLE STAD
NAME POWELL, A S
STREET ADDRESS 1116 MARINE WAY
CITY-ST-ZIP N PALM BCH FL 33408 ☐ Delete

TITLE TD
NAME DONEHOWER, WILLIAM
STREET ADDRESS 120 LAKESHORE DR
CITY-ST-ZIP N PALM BEACH FL 33408 ☐ Delete

TITLE D
NAME FAGAN, JOSEPH
STREET ADDRESS 1208 MARINE WAY
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE D
NAME LEVIN, MORTON
STREET ADDRESS 115 LAKESHORE DRIVE
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

A. Stuart Powell - Sec/Asst Treas

Date

Daytime Phone #

04/06/01

CR2E037 (10/00)