

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2004  
Secretary of State**

DOCUMENT# 720611

Entity Name: OLD PORT COVE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1200 U.S. HIGHWAY 1  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

1200 U.S. HIGHWAY 1  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 59-1536203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOLODAR, DONALD  
100 LAKESHORE DR.  
NORTH PALM BEACH, FL 33408      US

**Name and Address of New Registered Agent:**

OPC MANAGEMENT, INC  
1200 US HWY # 1  
SUITE E  
NORTH PALM BEACH, FL 33408 US

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: ALFRED S DEMOTT III      04/28/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: BARNETT, JOHN  
Address: 108 LAKESHORE DR  
City-St-Zip: N PALM BEACH, FL 33408

Title: AST      ( ) Delete  
Name: FIERER, JOSHUA  
Address: 136 LAKESHORE DRIVE  
City-St-Zip: N. PALM BEACH, FL 33408

Title: S      ( ) Delete  
Name: FRIEDMAN, PATRICIA  
Address: 1200 MARINE WAY  
City-St-Zip: N PALM BCH, FL 33408

Title: D      ( ) Delete  
Name: DONEHOWER, WILLIAM  
Address: 120 LAKESHORE DR  
City-St-Zip: N PALM BEACH, FL 33408

Title: P      ( ) Delete  
Name: SOLODAR, DONALD  
Address: 100 LAKESHORE DR  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T      ( ) Delete  
Name: LEVIN, MORTON  
Address: 115 LAKESHORE DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: FIERER, JOSHUA  
Address: 136 LAKESHORE DRIVE  
City-St-Zip: N. PALM BEACH, FL 33408

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: AMIRATA, PETER  
Address: 115 LAKESHORE DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD SOLODAR      P      04/28/2004  
Electronic Signature of Signing Officer or Director      Date

JOHN HUGHES D  
1109 MARINE WAY  
NORTH PALM BEACH, FL 33408