


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90241 046 ****61.25

DOCUMENT # 720611					
1. Entity 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		
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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OPC MANAGEMENT, INC 1200 US HWY # 1 SUITE E 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, JOHN			NAME	
STREET ADDRESS	108 LAKESHORE DR			STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH, FL 33408			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIERER, JOSHUA			NAME	
STREET ADDRESS	136 LAKESHORE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH, FL 33408			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, PATRICIA			NAME	
STREET ADDRESS	1200 MARINE WAY			STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH, FL 33408			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONEHOWER, WILLIAM			NAME	
STREET ADDRESS	120 LAKESHORE DR			STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH, FL 33408			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLODAR, DONALD			NAME	
STREET ADDRESS	100 LAKESHORE DR			STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMIRATA, PETER			NAME	
STREET ADDRESS	115 LAKESHORE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408			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: <i>Patricia Friedman</i>				Date: 4/27/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 561-6263100	

ATTACHMENT

14008855

720611

2005 Not-for-Profit Corporation
Annual Report

Additional Director

X Addition

D
Cowie, Al
108 Lakeshore Dr
N Palm Bch, Fl 33408