

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90988 014 \*\*\*\*70.00

**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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUGHES, JOHN  
1109 MARINE WAY, APT L2L  
NORTH PALM BEACH FL 33458**

Name **DONALD SOLODAR**

Street Address (P.O. Box Number is Not Acceptable)  
**100 LAKESHORE DR.**

City **NORTH PALM BEACH**

**FL**

Zip Code  
**33408**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☒ Delete  
NAME **STEINBERG, JONAS**  
STREET ADDRESS **108 LAKESHORE DR**  
CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE **V** ☐ Change ☒ Addition  
NAME **John Barnett**  
STREET ADDRESS **108 Lakeshore Dr.**  
CITY-ST-ZIP **North Palm Beach, FL 33408**

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

TITLE **AST** ☐ Change ☒ Addition  
NAME **Dr. Joshua Fierer**  
STREET ADDRESS **136 Lakeshore Dr.**  
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **S** ☐ Delete  
NAME **FRIEDMAN, PATRICIA**  
STREET ADDRESS **1200 MARINE WAY**  
CITY-ST-ZIP **N PALM BCH FL 33408**

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

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

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

TITLE **D** ☐ Delete  
NAME **SOLODAR, DONALD**  
STREET ADDRESS **100 LAKESHORE DR**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

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

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 REQUIRED**

CR2E037 (10/02)