

**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**

11066937



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1536203**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

(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)