

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720705

FILED
Mar 27, 2009
Secretary of State

Entity Name: OLD PORT COVE CONDOMINIUM ASSOCIATION ONE, INC.

Current Principal Place of Business:

1200 U.S. HIGHWAY 1
SUITE E
NORTH PALM BEACH, FL 33407

New Principal Place of Business:

1201 U.S. HIGHWAY 1
SUITE 330
NORTH PALM BEACH, FL 33407

Current Mailing Address:

901 NORTHPOINT PARKWAY
SUITE 307
WEST PALM BEACH, FL 33407

New Mailing Address:

1201 U.S. HIGHWAY 1
SUITE 330
NORTH PALM BEACH, FL 33407

FEI Number: 59-1536202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIREKTOR, KENNETH S ESQ.
625 NORTH FLAGLER DRIVE
7TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HELMICH, LARRY
Address: 1200 MARINE WAY
City-St-Zip: N PALM BCH, FL 33408

Title: D () Delete
Name: DEZWARTE, DANIEL J.
Address: 1200 MARINE WAY.
City-St-Zip: N PALM BCH, FL 33408

Title: P () Delete
Name: FAGAN, JOSEPH
Address: 1200 MARINE WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: CONLIN, BRUCE
Address: 1200 MARINE WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: FRIEDMAN, PATRICIA
Address: 1200 MARINE WAY.
City-St-Zip: N PALM BCH, FL 33408

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

Title: T/S (X) Change () Addition
Name: CONLIN, BRUCE
Address: 1200 MARINE WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOE FAGAN

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date