

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **722437** (1)  
1. Corporation Name  
**OLD PORT COVE CONDOMINIUM ASSOCIATION TWO, INC.**



Principal Place of Business Mailing Address  
**1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408** **1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified **01/13/1972** 3a. Date of Last Report **04/12/1995**

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

4. FEI Number **59-1536200** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WEBER, SHARON A.  
450 AUSTRALIAN AVENUE SOUTH  
SUITE 720  
WEST PALM BEACH FL 33401-5034**

81 Name *Edward Ocker of St John King & Dicker*  
82 Street Address (P.O. Box Numbers Not Acceptable) *500 Australian Ave S*  
83 *West Palm Beach* **33401**  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE *Edw Ocker of St John King & Dicker (Edward Dicker)* DATE **3/28/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FREDRICKS, ANNE	
STREET ADDRESS	134 LAKESHORE DR	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, STANLEY	
STREET ADDRESS	136 LAKESHORE DR	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARNETT, ROBERT	
STREET ADDRESS	132 LAKESHORE DR	
CITY-ST-ZIP	NA PALM BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, JUDITH	
STREET ADDRESS	134 LAKESHORE DR	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McCormick, Jean	
1.3 STREET ADDRESS	136 Lakeshore DR	
1.4 CITY-ST-ZIP	N. Palm Bch, FL 33408	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bogin, Florence	
2.3 STREET ADDRESS	134 Lakeshore Dr	
2.4 CITY-ST-ZIP	N Palm Bch, FL 33408	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Barnett* DATE: **4/10/96** 407-626-3100  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (12/95)