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FILED

Apr 11 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 334081200 U.S. HIGHWAY 1  
NORTH PALM BEACH FL 33408-35023. Date Incorporated or Qualified  
01/13/19723a. Date of Last Report  
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-1536200Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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

DICKER  
EDWARD DICKER OF ST JOHN KING & DICKER  
500 AUSTRALIAN AVE S  
SUITE 720  
W PALM BCH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☒ DELETE  
NAME MCCORMICK, JEAN  
STREET ADDRESS 136 LAKESHORE DR  
CITY-ST-ZIP N PALM BCH FL1.1 TITLE STD ☐ Change ☒ Addition  
1.2 NAME Hughes, John  
1.3 STREET ADDRESS 136 Lakeshore Dr  
1.4 CITY-ST-ZIP No Palm Bch, FL 33408TITLE TD ☐ DELETE  
NAME BOGIN, FLORENCE  
STREET ADDRESS 134 LAKESHORE DR  
CITY-ST-ZIP N PALM BCH FL2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE PD ☐ DELETE  
NAME BARNETT, ROBERT  
STREET ADDRESS 132 LAKESHORE DR  
CITY-ST-ZIP NA PALM BCH, FL 000003.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE VD ☒ DELETE  
NAME ROBERTSON, JUDITH  
STREET ADDRESS 134 LAKESHORE DR  
CITY-ST-ZIP N PALM BCH, FL 000004.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

SIGNATURE:

Robert A. Barnett, Pres.

3/18/97 561-626-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040626

CR2E037 (9/96)