


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722437 (1)**  
1. Corporation Name  
**OLD PORT COVE CONDOMINIUM ASSOCIATION TWO, INC.**



Principal Place of Business <b>1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408</b>	Mailing Address <b>1200 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408-3502</b>
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3. Date Incorporated or Qualified <b>01/13/1972</b>	3a. Date of Last Report <b>04/15/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-1536200</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DICKER  
EDWARD BECKER OF ST JOHN KING & DICKER  
500 AUSTRALIAN AVE S  
SUITE 720  
W PALM BCH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MCCORMICK, JEAN</b>
STREET ADDRESS	<b>136 LAKESHORE DR</b>
CITY-ST-ZIP	<b>N PALM BCH FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>BOGIN, FLORENCE</b>
STREET ADDRESS	<b>134 LAKESHORE DR</b>
CITY-ST-ZIP	<b>N PALM BCH FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BARNETT, ROBERT</b>
STREET ADDRESS	<b>132 LAKESHORE DR</b>
CITY-ST-ZIP	<b>NA PALM BCH, FL 00000</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERTSON, JUDITH</b>
STREET ADDRESS	<b>134 LAKESHORE DR</b>
CITY-ST-ZIP	<b>N PALM BCH, FL 00000</b>
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	<b>STD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Hughes, John</b>
1.3 STREET ADDRESS	<b>136 Lakeshore Dr</b>
1.4 CITY-ST-ZIP	<b>No Palm Bch, FL 33408</b>
2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 Barnett Pres.* 3/18/97 561-626-3100  
Date Daytime Phone # 0040626

CFR2E037 (9/96)