2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722437

FILED Apr 28, 2004 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1200 U.S. HIGHWAY 1 NORTH PALM BEACH, FL 33408 **Current Mailing Address: New Mailing Address:** 1200 U.S. HIGHWAY 1 NORTH PALM BEACH, FL 33408 FEI Number: 59-1536200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EDWARD DICKER OF ST JOHN KING & DICKER OPC MANAGEMENT, INC 500 AUSTRALIAN AVE S 1200 US HWY # 1 SUITE 720 SUITE E W PALM BCH, FL 33401 US NORTH PALM BEACH, FL 33408 US 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: ALFRED S. DEMOTT III 04/28/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HUGHES, JOHN FIERER, JOSHUA Name: Name: 136 LAKESHORE DR Address: 136 LAKESHORE DR Address: City-St-Zip: N PALM BCH, FL City-St-Zip: N PALM BCH, FL Title: Title: () Delete () Change () Addition BECKER, CARY Name: Name: Address: 136 LAKESHORE DRIVE Address: City-St-Zip: N PALM BEACH, FL 33408 City-St-Zip: Title: () Delete Title: () Change () Addition YETIKYEL, FAY Name: Name: 134 LAKESHORE DRIVE Address: Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: (X) Change () Addition Title: Title: () Delete Name: DAVIS, WAYNE Name: MARSHALL, RAY 134 LAKESHORE DRIVE 134 LAKESHORE DRIVE Address: Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: NORTH PALM BEACH, FL 33408 Title: () Delete Title: (X) Change () Addition BARNETT, ROBERT WILLIAMS, JACK Name: Name: 130 LAKESHORE DRIVE 130 LAKESHORE DRIVE Address: Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: NORTH PALM BEACH, FL 33408 Title: () Delete Title: () Change () Addition HARACZ, RITA Name: Name: Address: 130 LAKESHORE DRIVE Address: NORTH PALM BEACH, FL 33408 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSHUA FIERER P 04/28/2004