


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90241 044 \*\*\*\*61.25

**DOCUMENT # 722437**

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



Principal Place of Business  
 1200 U.S. HIGHWAY 1  
 NORTH PALM BEACH, FL 33408

Mailing Address  
 1200 U.S. HIGHWAY 1  
 NORTH PALM BEACH, FL 33408

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04272005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-1536200

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

OPC MANAGEMENT, INC  
 1200 US HWY # 1  
 SUITE E  
 NORTH PALM BEACH, FL 33408

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

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	FIERER, JOSHUA	
STREET ADDRESS	136 LAKESHORE DR	
CITY-ST-ZIP	N PALM BCH, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECKER, CARY	
STREET ADDRESS	136 LAKESHORE DRIVE	
CITY-ST-ZIP	N PALM BEACH, FL 33408	
TITLE	S	<input type="checkbox"/> Delete
NAME	YETIKYEL, FAY	
STREET ADDRESS	134 LAKESHORE DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARSHALL, RAY	
STREET ADDRESS	134 LAKESHORE DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JACK	
STREET ADDRESS	130 LAKESHORE DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARACZ, RITA	
STREET ADDRESS	130 LAKESHORE DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, CARY	
STREET ADDRESS	136 LAKESHORE DR	
CITY-ST-ZIP	N PALM BCH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, RAY	
STREET ADDRESS	134 LAKESHORE DR	
CITY-ST-ZIP	N PALM BCH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Cary N. Becker VP CARY N. BECKER 4/28/05 561-6263100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

14008857  
# 722437

2005 Not-for-Profit Corporation  
Annual Report

Additional Director

X Addition

D  
Witkin, Larry  
136 Lakeshore Dr  
N Palm Bch, Fl 33408