

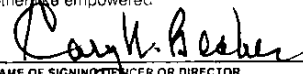


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90115 011 ****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 - No P.O. Box # Suite, Apt. #, etc. 122 LAKESHORE Dr.		3. Mailing Address Suite, Apt. #, etc. 16 Complete Property Mgmt 3307 Northlake Blvd, #107	
City & State North Palm Beach, FL		City & State Palm Beach Gardens, FLA	
Zip 33408	Country USA	Zip 33403	Country USA
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 Now Registered Agent Name Joseph F. Crossen, President Street Address (P.O. Box Number is Not Acceptable) Complete Property Management, Inc. 3307 Northlake Blvd, Ste 107 City Palm Beach Gardens, FL Zip Code 33403	
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 		Joseph F. Crossen, Pres. 4-21-08 DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIERER, JOSHUA	NAME	JAMES CARROLL
STREET ADDRESS	136 LAKESHORE DR	STREET ADDRESS	132 LAKESHORE DR #820
CITY-ST-ZIP	N PALM BCH, FL	CITY-ST-ZIP	North Palm beach, FLA 33408
TITLE	P <input type="checkbox"/> Delete	TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, CARY	NAME	RICHARD WIEMOKLY # 622
STREET ADDRESS	136 LAKESHORE DRIVE	STREET ADDRESS	130 LAKESHORE DR
CITY-ST-ZIP	N PALM BEACH, FL 33408	CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	YETIKYEL, FAY	NAME	
STREET ADDRESS	134 LAKESHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	
NAME	MARSHALL, RAY	NAME	
STREET ADDRESS	134 LAKESHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, LARRY	NAME	LARRY WITKIN
STREET ADDRESS	136 LAKESHORE DRIVE	STREET ADDRESS	136 LAKESHORE DR #512
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	NPB, FL 33408
TITLE	SD <input type="checkbox"/> Delete	TITLE	
NAME	HARACZ, RITA	NAME	
STREET ADDRESS	130 LAKESHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 names empowered.			
SIGNATURE: CARY N. BECKER 		4-18-08 561-622-1162 Date Daytime Phone #	