
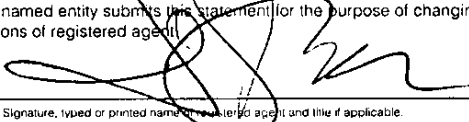
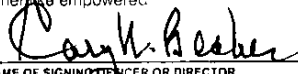


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-07-2008 90115 011 \*\*\*\*61.25

<b>DOCUMENT # 722437</b> 1. Entity Name <b>OLD PORT COVE CONDOMINIUM ASSOCIATION TWO, INC.</b>			
Principal Place of Business <b>1200 U.S. HIGHWAY 1 <del>NORTH PALM BEACH, FL 33408</del></b>		Mailing Address <b>1200 U.S. HIGHWAY 1 NORTH PALM BEACH, FL 33408</b>	
2. Principal Place of Business - No P.O. Box # <b>122 LAKESHORE DR.</b>		3. Mailing Address <b>3307 Northlake Blvd, #107</b>	
Suite, Apt. #, etc. <b>122 LAKESHORE DR.</b>		Suite, Apt. #, etc. <b>3307 Northlake Blvd, #107</b>	
City & State <b>North Palm Beach, FL</b>		City & State <b>Palm Beach Gardens, FLA</b>	
Zip <b>33408</b>	Country <b>USA</b>	Zip <b>33403</b>	Country <b>USA</b>
4. FEI Number <b>59-1536200</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>OPC MANAGEMENT, INC 1200 US HWY # 1 SUITE E NORTH PALM BEACH, FL 33408</b>		7. Name and Address of Now Registered Agent Name <b>Joseph F. Crossen, President</b> Street Address (P.O. Box Number is Not Acceptable) <b>Complete Property Management, Inc. 3307 Northlake Blvd, Ste 107 Palm Beach Gardens, FL Zip Code 33403</b>	
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 		<b>Joseph F. Crossen, Pres. 4-21-08</b> 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			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE VP	NAME FIERER, JOSHUA	TITLE D	NAME JAMES CARROLL
STREET ADDRESS 136 LAKESHORE DR	CITY-ST-ZIP N PALM BCH, FL	STREET ADDRESS 132 LAKESHORE DR #820	CITY-ST-ZIP North Palm Beach, FLA 33408
TITLE P	NAME BECKER, CARY	TITLE D/T	NAME RICHARD WIEMOKLY # 622
STREET ADDRESS 136 LAKESHORE DRIVE	CITY-ST-ZIP N PALM BEACH, FL 33408	STREET ADDRESS 130 LAKESHORE DR. # 622	CITY-ST-ZIP North Palm Beach, FL 33408
TITLE D	NAME YETIKYEL, FAY	TITLE 	NAME 
STREET ADDRESS 134 LAKESHORE DRIVE	CITY-ST-ZIP NORTH PALM BEACH, FL 33408	STREET ADDRESS 	CITY-ST-ZIP 
TITLE D	NAME MARSHALL, RAY	TITLE 	NAME 
STREET ADDRESS 134 LAKESHORE DRIVE	CITY-ST-ZIP NORTH PALM BEACH, FL 33408	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME WITKIN, LARRY	TITLE D/VP	NAME LARRY WITKIN
STREET ADDRESS 130 LAKESHORE DRIVE	CITY-ST-ZIP NORTH PALM BEACH, FL 33408	STREET ADDRESS 136 LAKESHORE DR #512	CITY-ST-ZIP NPA, FL 33408
TITLE SD	NAME HARACZ, RITA	TITLE 	NAME 
STREET ADDRESS 130 LAKESHORE DRIVE	CITY-ST-ZIP NORTH PALM BEACH, FL 33408	STREET ADDRESS 	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 like empowered.			
SIGNATURE: <b>CARY N. BECKER</b> 		<b>4-18-08</b> Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	