

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726322

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

3307 NORTHLAKE BLVD
STE 107
WEST PALM BEACH, FL 33403 US

New Principal Place of Business:

126 LAKESHORE DRIVE
NORTH PALM BEACH, FL 33408 US

Current Mailing Address:

3307 NORTHLAKE BLVD
STE 107
WEST PALM BEACH, FL 33403 US

New Mailing Address:

COMPLETE PROPERTY MANAGEMENT, INC.
3307 NORTHLAKE BLVD., SUITE 107
PALM BEACH GARDENS, FL 33403 US

FEI Number: 59-1536201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, WILLIAM F
3307 N LAKE BLVD
STE 107
WEST PALM BEACH, FL 33403 US

Name and Address of New Registered Agent:

LEWIS, WILLIAM F
3307 NORTHLAKE BLVD.
STE 107
PALM BEACH GARDENS, FL 33403 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:

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MURPHY, ANN
Address: 120 LAKESHORE DRIVE #1137
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DT () Delete
Name: GORDON, KENNETH
Address: 122 LAKESHORE DR 634
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: DANIELLO, LOUIS
Address: 126 LAKESHORE DR #PH27
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DVP () Delete
Name: DONEHOWER, WILLIAM
Address: 124 LAKESHORE DR, #529
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SD () Delete
Name: FULLERTON, RICHARD
Address: 126 LAKESHORE DR, #326
City-St-Zip: N. PALM BEACH, FL 33408

Title: D/P () Delete
Name: PIRES, GARY
Address: 120 LAKESHORE DR #535
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY PIRES

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date