

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90049 012 ****61.25

DOCUMENT # 732432

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



Principal Place of Business
**108 LAKESHORE DR.
NORTH PALM BEACH, FL 33408**

Mailing Address
**108 LAKESHORE DR.
NORTH PALM BEACH, FL 33408**

40052680



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1675999

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, SCOTT
OLD PORT COVE CONDOMINIUM ASSOC.
108 LAKESHORE DRIVE
NORTH PALM BCH, 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWIE, ALFRED 108 LAKESHORE DRIVE- # 940 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWEN, Steve 108 Lakeshore Dr #539 N. Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, CONSTANCE 108 LAKESHORE DR., #740 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CECARE, Christopher 108 Lakeshore Dr N. Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZITIN, AUDREY 108 LAKESHORE DRIVE, #728 NORTH PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McIntosh Bill 108 Lakeshore Dr #1740 N Palm Beach FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENSTEEN, BARBARA 108 LAKESHORE DR #1138 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Keyes Peggy 108 Lakeshore Dr #1441 N. Palm Beach FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRIEDMAN, SID 108 LAKESHORE DR., #538 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGITZ, JOHN 108 LAKESHORE DR., #239 NORTH PALM BEACH, FL	TITLE NAME 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: *Constance Anderson* **Constance Anderson** **4/2/07** **561626-7409**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #