
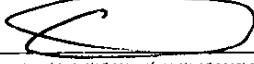


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90040 002 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>901 North Point Pkwy</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>#307</i>			
City & State		City & State <i>West Palm Beach FL</i>			
Zip	Country	Zip <i>33407</i>			
4. FEI Number 59-1675999		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CAMPBELL, SCOTT OLD PORT COVE CONDOMINIUM ASSOC. V 108 LAKESHORE DRIVE NORTH PALM BCH, FL 33408			7. Name and Address of New Registered Agent Name <i>Bickel - Poliakoff</i> Street Address (P.O. Box Number is Not Acceptable) <i>625 North McQueen Dr</i> <i>7th Floor</i> City <i>West Palm Beach</i> FL <i>33401</i>		
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  <i>Kenneth S. Direktor</i> 3/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWIE, ALFRED <input checked="" type="checkbox"/> Delete 108 LAKESHORE DRIVE- # 940 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D</i> <i>MORA, Cheryll</i> <i>108 Lakeshore Dr # 1438</i> <i>North Palm Beach FL 33408</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, CONSTANCE <input type="checkbox"/> Delete 108 LAKESHORE DR., #740 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D</i> <i>Robert H. Jenkins</i> <i>108 Lakeshore Dr #641</i> <i>N Palm Beach, FL 33408</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, STEVE <input type="checkbox"/> Delete 108 LAKESHORE DR #539 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CECERE, CHRISTOPHER <input type="checkbox"/> Delete 108 LAKESHORE DR #1539 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRIEDMAN, SID <input checked="" type="checkbox"/> Delete 108 LAKESHORE DR., #538 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NORTON, BILL <input type="checkbox"/> Delete 108 LAKESHORE DR #1740 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Constance Anderson</i> 3/4/2008 (908) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					