2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732432

FILED Mar 31, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:	
	SHORE DR. PALM BEACH, FL 33408		
Current Mailing Address:		New Mailing Address:	
901 NORTH POINT PKWY		1201 US HIGHWAY ONE	
#307 WEST PALM BEACH, FL 33407		#330 NORTH PALM BEACH, FL 33408	
El Numbe	r: 59-1675999 FEI Number Applied For () FEI	Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:
325 NOR	-POLIAKOFF TH MAGLER DR ALM BEACH, FL 33401 US		
	e named entity submits this statement for the purporte of Florida.	se of changing its registere	d office or registered agent, or both
SIGNATU	JRE:		
Electronic Signature of Registered Agent			Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Fitle: Name: Address: City-St-Zip:	D () Delete MORA, CHERYL 108 LAKESHORE DR #1438 NORTH PALM BEACH, FL 33408	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TD () Delete ANDERSON, CONSTANCE 108 LAKESHORE DR., #740 NORTH PALM BEACH, FL 33408	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: City-St-Zip:	PD () Delete COHEN, STEVE 108 LAKESHORE DR #539 NORTH PALM BEACH, FL 33408	Title: Name: Address: City-St-Zip:	() Change () Addition
Γitle: Name: ∖ddress:	SD () Delete CECERE, CHRISTOPHER 108 LAKESHORE DR #1539 NORTH PALM BEACH, FL 33408	Title: SD Name: FRIEDMAN, Address: 108 LAKESI City-St-Zip: NORTH PAL	
City-St-Zip:		Title: Name:	() Change () Addition
City-St-Zip: Fitle: Name: Address: City-St-Zip:	D () Delete JERKS, ROBERT H 108 LAKESHORE DR #641 NORTH PALM BEACH, FL 33408	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: STEVEN COHEN P 03/31/2009