2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# 749625

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

Current Principal Place of Business:

1200 U.S. HWY 1
SUITE E
N. PALM BCH., FL 334083535

New Principal Place of Business:

Current Mailing Address:

1200 U.S. HWY 1
SUITE E
N. PALM BCH., FL 334083535

New Mailing Address:

FEI Number: 59-2017447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OPC MANAGEMENT, INC
1200 US HWY # 1
SUITE E
N. PALM BCH., FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BECK, MICHAEL	
Address:	123 LAKESHORE DRIVE	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	D	( ) Delete
Name:	CAULKINS, DAN	
Address:	123 LAKESHORE DR.	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	ST	( ) Delete
Name:	STAIKOS, JAMES	
Address:	115 LAKESHORE DR	
City-St-Zip:	N. PALM BEACH, FL 33408	
Title:	D	( ) Delete
Name:	FISHER, CASSANDRA	
Address:	123 LAKESHORE DR	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	D	( ) Delete
Name:	PALMER, JACK	
Address:	123 LAKESHORE DR	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	V	( ) Delete
Name:	ANASTASI, TOM	
Address:	115 LAKESHORE DR	
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:	D	(X) Change ( ) Addition
Name:	AMIRATA, HIEDI	
Address:	115 LAKESHORE DR	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	ANASTASI, TOM	
Address:	115 LAKESHORE DR	
City-St-Zip:	NORTH PALM BEACH, FL 33408	

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES STAIKOS S 05/01/2006

Electronic Signature of Signing Officer or Director — Date