## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 749625** 

FILED Apr 23, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1200 U.S. HWY 1 SUITE E

N. PALM BCH., FL 334083535

Current Mailing Address: New Mailing Address:

 1200 U.S. HWY 1
 901 NORTHPOINT PARKWAY

 SUITE E
 SUITE 307

 N. PALM BCH., FL 334083535
 WEST PALM BEACH, FL 33407

FEI Number: 59-2017447 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OPC MANAGEMENT, INC

1200 US HWY # 1

SUITE F

THE LOOP

SUITE E 7TH FLOOR

N. PALM BCH., FL 33408 US WEST PALM BEACH, FL 33401 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: KENNETH DIREKTOR 04/23/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: D (X) Change ( ) Addition Name: BECK, MICHAEL Name: NADLE, LARRY

Address: 123 LAKESHORE DRIVE Address: 123 LAKESHORE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 CAULKINS, DAN
 Name:
 CAULKINS, DAN

 Address:
 123 LAKESHORE DR.
 4ddress:
 123 LAKESHORE DR.

 City-St-Zip:
 NORTH PALM BEACH, FL 33408
 City-St-Zip:
 NORTH PALM BEACH, FL 33408

Title: ST ( ) Delete Title: T (X) Change ( ) Addition

Name:STAIKOS, JAMESName:STAIKOS, JAMESAddress:115 LAKESHORE DRAddress:115 LAKESHORE DRCity-St-Zip:N. PALM BEACH, FL 33408City-St-Zip:N. PALM BEACH, FL 33408

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 AMIRATA, HIEDI
 Name:

 Address:
 115 LAKESHORE DR
 Address:

 City-St-Zip:
 NORTH PALM BEACH, FL 33408
 City-St-Zip:

Name:PALMER, JACKName:GREENBERG, EDWINAddress:123 LAKESHORE DRAddress:123 LAKESHORE DR

City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP ( ) Delete Title: P (X) Change ( ) Addition Name: ANASTASI, TOM Name: ANASTASI, TOM

Name: ANASTASI, TOM Name: ANASTASI, TOM
Address: 115 LAKESHORE DR Address: 115 LAKESHORE DR

City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: NORTH PALM BEACH, FL 33408

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: TTHOMAS ANASTASI P 04/23/2007

Electronic Signature of Signing Officer or Director

Date