
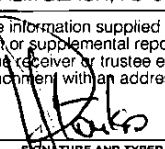


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90019 027 ****61.25

DOCUMENT # 749625 1. Entity Name OLD PORT COVE TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1200 U.S. HWY 1 SUITE E N. PALM BCH., FL 33408-3535			Mailing Address 901 NORTHPOINT PARKWAY SUITE 307 WEST PALM BEACH, FL 33407		
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	4. FEI Number 59-2017447	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER-POLIAKOFF 625 NORTH FLAGLER DRIVE 7TH FLOOR WEST PALM BEACH, FL 33401			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 _____ <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	D NADLE, LARRY 123 LAKESHORE DRIVE NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAULKINS, DAN 123 LAKESHORE DR. NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STAIKOS, JAMES 115 LAKESHORE DR N. PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMIRATA, HIEDI 115 LAKESHORE DR NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENBERG, EDWIN 123 LAKESHORE DR NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANASTASI, TOM 115 LAKESHORE DR NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contain indicated on this report or supplemental report is true and accurate and that my signature shall have of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 19, 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.			I further certify that the information has legal effect as if made under oath; that I am an officer or director of the corporation; and that my name appears in Block 10 or Block 11 if		
SIGNATURE: 			J. J. Staiikos		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 23 Mar '08 Daytime Phone #		

40054948



03142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2017447

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BECKER-POLIAKOFF
625 NORTH FLAGLER DRIVE
7TH FLOOR
WEST PALM BEACH, FL 33401**

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, 2008**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	NADLE, LARRY	
STREET ADDRESS	123 LAKESHORE DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAULKINS, DAN	
STREET ADDRESS	123 LAKESHORE DR.	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	T	<input type="checkbox"/> Delete
NAME	STAIKOS, JAMES	
STREET ADDRESS	115 LAKESHORE DR	
CITY-ST-ZIP	N. PALM BEACH, FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMIRATA, HIEDI	
STREET ADDRESS	115 LAKESHORE DR	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	S	<input type="checkbox"/> Delete
NAME	GREENBERG, EDWIN	
STREET ADDRESS	123 LAKESHORE DR	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANASTASI, TOM	
STREET ADDRESS	115 LAKESHORE DR	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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I further certify that the information has legal effect as if made under oath; that I am an officer or director of the corporation; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #