## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#761743**

FILED Apr 23, 2007 Secretary of State

Entity Name: OLD PORT COVE LAKE POINT TOWER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
	SHORE DRIVE ALM BEACH, FI	L 33408					
Current Mailing Address:				New Mailing Address:			
1200 US HIGHWAY 1 STE. E NORTH PALM BEACH, FL 33408 US				901 NORTHPOINT PARKWAY SUITE 307 WEST PALM BEACH, FL 33407 US			
FEI Number:	59-2173709	FEI Number Applied For	( ) FEI Nur	nber Not Appl	icable ( )	Certificate of Status D	esired ( )
Name and	Address of Cu	urrent Registered Age	ent:	Name and	Address of N	New Registered Age	nt:
450 AUSTF STE #720 WEST PAL		HTUC	or the purpose c	625 NORTI 7TH FLOO WEST PAL	M BEACH, FI	DRIVE L 33401 US	ent, or both,
SIGNATURE:						04/23/2007	
	Electroni	c Signature of Register	ed Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( ) I MARSCHALL, RO 100 LAKESHORI N PALM BCH, FL	E DR		Title: Name: Address: City-St-Zip:	( )	) Change()Addition	
Title: Name: Address: City-St-Zip:	P () I SOLODAR, DON 100 LAKESHORI NORTH PALM BI	E DR		Title: Name: Address: City-St-Zip:	MUELDER, JAI 100 LAKESHO		
Title: Name: Address: City-St-Zip:	D () I BROWNING, MIC 100 LAKESHORI N PALM BEACH,	E DRIVE		Title: Name: Address: City-St-Zip:	VP (X WEISS, KENNI 100 LAKESHO N PALM BEACI	RE DRIVE	
Title: Name: Address: City-St-Zip:	D () I QUIG, ROBERT 100 LAKESHORI N PALM BEACH,			Title: Name: Address: City-St-Zip:	( )	) Change()Addition	
Title: Name: Address: City-St-Zip:	PALUMBO, JANE 100 LAKESHORI			Title: Name: Address: City-St-Zip:	LAMONTE, CH' 100 LAKESHO		
Title: Name: Address: City-St-Zip:	LITTMAN, LARRY 100 LAKESHORI			Title: Name: Address: City-St-Zip:	MAYER, ALAN 100 LAKESHO	) Change()Addition RE DR 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: JAN MUELDER P 04/23/2007