

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720611

FILED
Mar 31, 2014
Secretary of State
CC3072786332

Entity Name: OLD PORT COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11770 U.S. HIGHWAY 1
SUITE 301
PALM BEACH GARDENS, FL 33408

Current Mailing Address:

11770 U.S. HIGHWAY 1
SUITE 301
PALM BEACH GARDENS, FL 33408 US

FEI Number: 59-1536203

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIR STE 1102
CORAL GABLES, FL 33134 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP/T
Name DANIELLO, LOUIS
Address 100 LAKESHORE DR 1753
City-State-Zip: NORTH PALM BEACH FL 33408

Title P
Name ANASTASI, THOMAS
Address 115 LAKESHORE DR
City-State-Zip: NORTH PALM BEACH FL 33408

Title D
Name NORTON, BILL
Address 108 LAKESHORE DRIVE 1740
City-State-Zip: NORTH PALM BEACH FL 33408

Title SECRETARY
Name WITKIN, LAURENCE
Address 136 LAKESHORE DR 512
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR
Name GREGG, DAVID
Address 100 LAKESHORE DRIVE
City-State-Zip: NORTH PALM BEACH FL 33408

I hereby 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 all other like empowered.

SIGNATURE: THOMAS ANASTASI

PRESIDENT

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date