

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720611

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

**FILED**  
**Apr 16, 2019**  
**Secretary of State**  
**5121988501CC**

**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 SECRETARY  
Name DAYTZ, RICHARD  
Address 11770 US HIGHWAY ONE  
SUITE 301  
City-State-Zip: NORTH PALM BEACH FL 33408

Title P  
Name ANASTASI, THOMAS  
Address 11770 US HIGHWAY ONE  
SUITE 301  
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR  
Name HICKEY, THOMAS  
Address 11770 US HIGHWAY ONE  
SUITE 301  
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR  
Name PIRES, GARY  
Address 11770 US HIGHWAY ONE  
SUITE 301  
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR  
Name COHEN, STEVEN  
Address 11770 US HIGHWAY ONE  
SUITE 301  
City-State-Zip: PALM BEACH GARDENS FL 33408

Title VP  
Name KRAMER, FREDERICK  
Address 11770 US HWY 1  
SUITE 301  
City-State-Zip: PALM BEACH GARDENS FL 33408

Title TREASURER  
Name DANIELLO, LOU  
Address 11770 US HWY 1  
SUITE 301  
City-State-Zip: PALM BEACH GARDENS 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**

**04/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date