

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719074** (7)
1. Corporation Name
OPAL TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1149 HILLSBORO MILE **1149 HILLSBORO MILE**
HILLSBORO BEACH FL 33062-1724 **HILLSBORO BEACH FL 33062-1724**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1970		3a. Date of Last Report 06/16/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1367008		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BOBICK, EDWARD
1149 HILLSBORO MILE
APT 603N
HILLSBORO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBICK, EDWARD	1.2 NAME	
STREET ADDRESS	1149 HILLSBORO MILE, APT 603	1.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAVRIKIS, JAMES	2.2 NAME	
STREET ADDRESS	1149 HILLSBORO MILE, APT 701N	2.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, RICHARD	3.2 NAME	
STREET ADDRESS	1149 HILLSBORO MILE, APT PH 12S	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPOLA, KATHLEEN	4.2 NAME	
STREET ADDRESS	1149 HILLSBORO MILE, APT 301N	4.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUFLAS, DOROTHY	5.2 NAME	
STREET ADDRESS	1149 HILLSBORO MILE, APT 512N	5.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCCO, GREGORY C	6.2 NAME	
STREET ADDRESS	1149 HILLSBORO MILE, APT 602N	6.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward Bobick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/96 (754)
428 0668

CR2E037 (12/95)