


FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719074 (7)**

1. Corporation Name  
**OPAL TOWERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>1149 HILLSBORO MILE HILLSBORO BEACH FL 33062-1724</b>	Mailing Address <b>1149 HILLSBORO MILE HILLSBORO BEACH FL 33062-1724</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

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

**3. Date Incorporated or Qualified**  
**03/03/1970**

**4. FEI Number**  
**59-1367008**

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

**6. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**7. Is this nonprofit corporation a homeowners association?** ☐ Yes ☐ No

**8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.** ☐ Yes ☐ No

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

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 \_\_\_\_\_ (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	MAVRKIS, 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	MURCHIE, GERALD R	3.2 NAME	
STREET ADDRESS	1149 HILLSBORO MILE APT 801N	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH FL	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	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, STANLEY M	6.2 NAME	
STREET ADDRESS	1149 HILLSBORO MILE APT 109N	6.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 3/2/98 954 428 0668

CR2E037 (10/97)