

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719074

1. Corporation Name

OPAL TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1149 HILLSBORO MILE
HILLSBORO BEACH FL 33062-1724

Mailing Address

1149 HILLSBORO MILE
HILLSBORO BEACH FL 33062-1724

FILED
Feb 12, 1999 8:00am
Secretary of State

02-12-1999 90007 046 *****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/03/1970

4. FEI Number

59-1367008

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BOBICK, EDWARD
STREET ADDRESS 1149 HILLSBORO MILE, APT 603
CITY-ST-ZIP HILLSBORO BEACH FL

TITLE VP ☐ DELETE
NAME MAVRIKIS, JAMES
STREET ADDRESS 1149 HILLSBORO MILE, APT 701N
CITY-ST-ZIP HILLSBORO BEACH FL 33062

TITLE S ☐ DELETE
NAME MURCHIE, GERALD R
STREET ADDRESS 1149 HILLSBORO MILE APT 801N
CITY-ST-ZIP HILLSBORO BCH FL

TITLE D ☐ DELETE
NAME COPPOLA, KATHLEEN
STREET ADDRESS 1149 HILLSBORO MILE, APT 301N
CITY-ST-ZIP HILLSBORO BEACH FL 33062

TITLE D ☐ DELETE
NAME SUFLAS, DOROTHY
STREET ADDRESS 1149 HILLSBORO MILE, APT 512N
CITY-ST-ZIP HILLSBORO BEACH FL 33062

TITLE T ☐ DELETE
NAME NOVAK, STANLEY M
STREET ADDRESS 1149 HILLSBORO MILE APT 109N
CITY-ST-ZIP HILLSBORO BCH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)