

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90074 027 ****61.25

DOCUMENT # 719074 1. Entity 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1367008	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RANDALL K. ROGERS, P.A. 621 NW 53RD STREET, SUITE 300 ONE PARK PLACE BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLACK, THOMAS 1149 HILLSBORO MILE #PHIN HILLSBORO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLAGHER, JOAN 1149 HILLSBORO MILE #703N HILLSBORO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLATT, THOMAS A 1147 HILLSBORO MILE #404S HILLSBORO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, LAWRENCE 1149 HILLSBORO MILE #512N HILLSBORO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1149 Hillsboro Mile # 504 N	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD OCHS, ROBERT 1147 HILLSBORO MILE #701N HILLSBORO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1149 Hillsboro Mile # 512 N	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2SD MAVRIKIS, PHYLLIS 1149 HILLSBORO MILE #701N HILLSBORO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11, 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 1/25/07 Daytime Phone # 954-428-0668		