SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:00

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **728779** **(0)**

1. Corporation Name
OPAL TOWERS WEST CONDOMNIUM ASSOCIATION, INC.

Principal Place of Business
1150 N. HILLSBORO MILE
HILLSBORO BEACH FL 33062

Mailing Address
Office
1150 N. HILLSBORO MILE
HILLSBORO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1974
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1507782 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent
SHULTZ, JOHN, DR.
1150 HILLSBORO MILE APT. 201
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	SHULTZ, JOHN	12 NAME	SHORE, Al	
STREET ADDRESS	1150 HILLSBORO MILE	13 STREET ADDRESS	1150 Hillsboro Mile #816	
CITY-ST-ZIP	HILLSBORO BCH, FL 00000	14 CITY-ST-ZIP	Hillsboro Beach, FL 33062	
TITLE	VP	21 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	STANTON, ELMER	22 NAME	SADUR, Joe	
STREET ADDRESS	1150 HILLSBORO MILE	23 STREET ADDRESS	1150 Hillsboro Mile #614	
CITY-ST-ZIP	HILLSBORO BEACH FL	24 CITY-ST-ZIP	Hillsboro Beach, FL 33062	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	~~CARLSON, MARY ANN~~ X	32 NAME		
STREET ADDRESS	1150 HILLSBORO MILE	33 STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DROTT, JOHN	42 NAME		
STREET ADDRESS	1150 HILLSBORO MILE	43 STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BCH, FL 00000	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SHORE, ALBERT	52 NAME		
STREET ADDRESS	1150 HILLSBORO MILE	53 STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BEACH FL	54 CITY-ST-ZIP		
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	ORNSTEIN, FLORENCE	62 NAME		
STREET ADDRESS	1150 HILLSBORO MILE	63 STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BCH FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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 added by amendment with an address.

SIGNATURE: _____ 6/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006755

LE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # ~~744720~~ (4)

Corporation Name

JFAL TOWERS WEST CONDOMINIUM ASSOCIATION, INC.

DUE No. 15 728779

Principal Place of Business	Mailing Address
1150 Hillsboro Mile Hillsboro Beach, FL 33062	same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/7/74
3a. Date of Last Report: 2/16/94
4. FEI Number: 59-1507782 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

Principal Place of Business	2a. Mailing Address (26)
Suite, Apt. #, etc.	Suite, Apt. #, etc. (27)
City & State	City & State (28)
Zip / Country (25)	Zip / Country (29 / 30)

9. Name and Address of Current Registered Agent

JOHN S. SHULTZ
1150 Hillsboro Mile Apt. 201
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

Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature required if entering name of registered agent and not applicable. NOTE: Registered Agent signature required when reinstating.

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PRESIDENT Dr. John S. Shultz 1150 Hillsboro Mile #201 Hillsboro Beach, FL 33062	☐ Change ☐ Addition 11 TITLE: DIRECTOR 12 NAME: John Drott 13 STREET ADDRESS: 1150 Hillsboro Mile #701 14 CITY-ST-ZIP
VICE-PRESIDENT Elmer Stanton 1150 Hillsboro Mile #604	☐ Change ☐ Addition 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
SECRETARY Al Shore 1150 Hillsboro Mile #816	☐ Change ☐ Addition 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TREASURER Florence Ornstein 1150 Hillsboro Mile #1003	☐ Change ☐ Addition 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
DIRECTOR Sam Pottinger Jr. 1150 Hillsboro Mile #1016	☐ Change ☐ Addition 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
DIRECTOR Joe Sadur 1150 Hillsboro Mile #614	☐ Change ☐ Addition 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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)(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: John S. Shultz May 18, 1995
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) Date Daytime Phone #