

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 # **728779** (0)
1. Corporation Name
OPAL TOWERS WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1150 N. HILLSBORO MILE HILLSBORO BEACH FL 33062**
Mailing Address: **1150 N. HILLSBORO MILE HILLSBORO BEACH FL 33062**

3. Date Incorporated or Qualified: **02/07/1974**
3a. Date of Last Report: **06/28/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-1507782	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Country	30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHULTZ, JOHN DR. 1150 HILLSBORO MILE ART. 201 HILLSBORO BEACH FL 33062		81. Name	MARY ANN CARBONE
		82. Street Address (P.O. Box Number is Not Acceptable)	1150 HILLSBORO MILE
		83.	
		84. City	HILLSBORO BEACH FL
		85. Zip Code	33062

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 617.0803, Florida Statutes.

SIGNATURE: *Mary Ann Carbone* DATE: **2-25-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHULTZ, JOHN	1.2 NAME	PRESIDENT
STREET ADDRESS	1150 HILLSBORO MILE	1.3 STREET ADDRESS	CARBONE, Mary Ann
CITY-ST-ZIP	HILLSBORO BCH, FL 00000	1.4 CITY-ST-ZIP	1150 HILLSBORO MILE
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANTON, ELMER	2.2 NAME	FRANK, MALDEN
STREET ADDRESS	1150 HILLSBORO MILE	2.3 STREET ADDRESS	1150 HILLSBORO MILE
CITY-ST-ZIP	HILLSBORO BEACH FL	2.4 CITY-ST-ZIP	HILLSBORO BEACH, FL 33062
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHORE, ALBERT	3.2 NAME	DIRECTOR
STREET ADDRESS	1150 HILLSBORO MILE	3.3 STREET ADDRESS	MAIMSTROM, Shirley
CITY-ST-ZIP	HILLSBORO BEACH FL	3.4 CITY-ST-ZIP	1150 HILLSBORO MILE
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DROTT, JOHN	4.2 NAME	DIRECTOR
STREET ADDRESS	1150 HILLSBORO MILE	4.3 STREET ADDRESS	POITTINGER, Sam Jr.
CITY-ST-ZIP	HILLSBORO BCH, FL 00000	4.4 CITY-ST-ZIP	1150 HILLSBORO MILE
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORE, ALBERT	5.2 NAME	
STREET ADDRESS	1150 HILLSBORO MILE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORNSTEIN, FLORENCE	6.2 NAME	
STREET ADDRESS	1150 HILLSBORO MILE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH FL	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: *Mary Ann Carbone* DATE: **2-25-96** DAYTIME PHONE #: **954-428-0949**

CR2E037 (12/95)