

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728779 (0)**  
1. Corporation Name  
**OPAL TOWERS WEST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1150 N. HILLSBORO MILE HILLSBORO BEACH FL 33062</b>	Mailing Address <b>1150 N. HILLSBORO MILE HILLSBORO BEACH FL 33062-1706</b>
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3. Date Incorporated or Qualified <b>02/07/1974</b>	3a. Date of Last Report <b>02/29/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number <b>59-1507782</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CARBONE, MARY ANN  
1150 HILLSBORO MILE  
HILLSBORO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name <b>Donald Koss</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1150 Hillsboro Mile #809</b>	
83 City <b>Hillsboro Beach, Fl. 33062</b>	
84 City <b>FL</b>	85 Zip Code <b>33062</b>

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 Donald Koss **Donald Koss, President** DATE **3-27-97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>CARBONE, MARY ANN</b>	
STREET ADDRESS	<b>1150 HILLSBOROMILE</b>	
CITY-ST-ZIP	<b>HILLSBORO BCH, FL 00000</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>FRANK, MALDEN</b>	
STREET ADDRESS	<b>1150 HILLSBORO MILE</b>	
CITY-ST-ZIP	<b>HILLSBORO BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>MALMSTROM, SHIRLY</b>	
STREET ADDRESS	<b>1150 HILLSBORO MILE</b>	
CITY-ST-ZIP	<b>HILLSBORO BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>POTTINGER, SAM JR.</b>	
STREET ADDRESS	<b>1150 HILLSBORO MILE</b>	
CITY-ST-ZIP	<b>HILLSBORO BCH, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>SHORE, ALBERT</b>	
STREET ADDRESS	<b>1150 HILLSBORO MILE</b>	
CITY-ST-ZIP	<b>HILLSBORO BEACH FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/>
NAME	<b>ORNSTEIN, FLORENCE</b>	
STREET ADDRESS	<b>1150 HILLSBORO MILE</b>	
CITY-ST-ZIP	<b>HILLSBORO BCH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	<b>P</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	<b>Donald Koss</b>		
13 STREET ADDRESS	<b>1150 Hillsboro Mile #809</b>		
14 CITY-ST-ZIP	<b>Hillsboro Beach, Fl. 33062</b>		
21 TITLE	<b>VP</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	<b>Frank, Malden</b>		
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	<b>T</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME	<b>Malmstrom, Shirley</b>		
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42 NAME	<b>Aylene Rudomen</b>		
43 STREET ADDRESS	<b>1150 Hillsboro Mile #812</b>		
44 CITY-ST-ZIP	<b>Hillsboro Beach, Fl. 33062</b>		
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE	<b>S</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62 NAME	<b>Sherman, Lilyan</b>		
63 STREET ADDRESS	<b>1150 Hillsboro Mile #214</b>		
64 CITY-ST-ZIP	<b>Hillsboro Beach, Fl. 33062</b>		

14. I do 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 Lilyan Sherman **Lilyan Sherman, Secretary**

CR2E037 (9/96)