

FILE NOW: FILING FEE IS \$61.25

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**Mar 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morlam 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 1150 N. HILLSBORO MILE HILLSBORO BEACH FL 33062	Mailing Address 1150 N. HILLSBORO MILE HILLSBORO BEACH FL 33062
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3. Date Incorporated or Qualified 02/07/1974	
4. FEI Number 59-1507782	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**KOSS, DONALD
1150 HILLSBORO MILE
#809
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
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	KOSS, DONALD
STREET ADDRESS	1150 HILLSBORO MILE, #809
CITY-ST-ZIP	HILLSBORO BCH, FL 00000
TITLE	VP <input type="checkbox"/> DELETE
NAME	FRANK, MALDEN
STREET ADDRESS	1150 HILLSBORO MILE
CITY-ST-ZIP	HILLSBORO BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MALMSTROM, SHIRLEY
STREET ADDRESS	1150 HILLSBORO MILE
CITY-ST-ZIP	HILLSBORO BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	POTTINGER, SAM JR.
STREET ADDRESS	1150 HILLSBORO MILE
CITY-ST-ZIP	HILLSBORO BCH, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHORE, ALBERT
STREET ADDRESS	1150 HILLSBORO MILE
CITY-ST-ZIP	HILLSBORO BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	SHERMAN, LILYAN
STREET ADDRESS	1150 HILLSBORO MILE, #214
CITY-ST-ZIP	HILLSBORO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Penny, Mary Jane
5.3 STREET ADDRESS	1150 Hillsboro Mile # 707
5.4 CITY-ST-ZIP	Hillsboro Beach, Fl. 33062
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sadur, Louise
6.3 STREET ADDRESS	1150 Hillsboro mile # 614
6.4 CITY-ST-ZIP	Hillsboro Beach, Fl. 33062

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.

SIGNATURE: *Donald Kos* **3-9-98 (954) 428-0949**

CR2E037 (10/97)