

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moriam 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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	

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 FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSS, DONALD	12 NAME	
STREET ADDRESS	1150 HILLSBORO MILE, #809	13 STREET ADDRESS	
CITY - ST - ZIP	HILLSBORO BCH, FL 00000	14 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, MALDEN	22 NAME	
STREET ADDRESS	1150 HILLSBORO MILE	23 STREET ADDRESS	
CITY - ST - ZIP	HILLSBORO BEACH FL	24 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALMSTROM, SHIRLEY	32 NAME	
STREET ADDRESS	1150 HILLSBORO MILE	33 STREET ADDRESS	
CITY - ST - ZIP	HILLSBORO BEACH FL	34 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTINGER, SAM JR.	42 NAME	
STREET ADDRESS	1150 HILLSBORO MILE	43 STREET ADDRESS	
CITY - ST - ZIP	HILLSBORO BCH, FL 00000	44 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHORE, ALBERT	52 NAME	Penny, Mary Jane
STREET ADDRESS	1150 HILLSBORO MILE	53 STREET ADDRESS	1150 Hillsboro Mile # 707
CITY - ST - ZIP	HILLSBORO BEACH FL	54 CITY - ST - ZIP	Hillsboro Beach, FL 33062
TITLE	S <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERMAN, LILYAN	62 NAME	Sadur, Louise
STREET ADDRESS	1150 HILLSBORO MILE, #214	63 STREET ADDRESS	1150 Hillsboro mile # 614
CITY - ST - ZIP	HILLSBORO BCH FL	64 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 Ross* 3-9-98 (954) 428-0949

CR2E037 (10/97)