

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90049 027 \*\*\*\*61.25

0026038

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 728779**

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/07/1974</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1507782</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>KOSS, DONALD</b> <b>1150 HILLSBORO MILE</b> <b>#809</b> <b>HILLSBORO BEACH FL 33062</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</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 Ross*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-10-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSS, DONALD	1.2 NAME	Rudomen, Aylene
STREET ADDRESS	1150 HILLSBORO MILE, #809	1.3 STREET ADDRESS	1150 Hillsboro mile # 812
CITY-ST-ZIP	HILLSBORO BCH, FL 00000	1.4 CITY-ST-ZIP	Hillsboro Bch, FL 33062
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK, MALDEN	2.2 NAME	Bronhard, Roseanna
STREET ADDRESS	1150 HILLSBORO MILE	2.3 STREET ADDRESS	1150 Hillsboro mile # 314
CITY-ST-ZIP	HILLSBORO BEACH FL	2.4 CITY-ST-ZIP	Hillsboro Bch, FL 33062
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MALMSTROM, SHIRLEY	3.2 NAME	
STREET ADDRESS	1150 HILLSBORO MILE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	SADUR, LOUISE	4.2 NAME	
STREET ADDRESS	1150 HILLSBORO MILE #614	4.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH, FL 00000 33062	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	PENNY, MARY JANE	5.2 NAME	
STREET ADDRESS	1150 HILLSBORO MILE #707	5.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	SHERMAN, LILYAN	6.2 NAME	
STREET ADDRESS	1150 HILLSBORO MILE, #214	6.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*Donald Ross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)