


FILE NOW: FILING FEE IS \$61.25

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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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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	3. Date Incorporated or Qualified 02/07/1974	4. FEI Number 59-1507782 Applied For 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
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9. Name and Address of Current Registered Agent <b>KOSS, DONALD</b> 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: *Donald Ross* DATE: 3-10-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input type="checkbox"/> DELETE	NAME: KOSS, DONALD	1.1 TITLE: Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 1150 HILLSBORO MILE, #809	CITY-ST-ZIP: HILLSBORO BCH, FL 00000	1.2 NAME: Rudomen, Aulene	
		1.3 STREET ADDRESS: 1150 Hillsboro mile # 812	
		1.4 CITY-ST-ZIP: Hillsboro Bch, FL 33062	
TITLE: VP <input checked="" type="checkbox"/> DELETE	NAME: FRANK, MALDEN	2.1 TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 1150 HILLSBORO MILE	CITY-ST-ZIP: HILLSBORO BEACH FL	2.2 NAME: Bronhard, Roseanna	
		2.3 STREET ADDRESS: 1150 Hillsboro mile # 314	
		2.4 CITY-ST-ZIP: Hillsboro Bch, FL 33062	
TITLE: T <input type="checkbox"/> DELETE	NAME: MALMSTROM, SHIRLEY	3.1 TITLE:	
STREET ADDRESS: 1150 HILLSBORO MILE	CITY-ST-ZIP: HILLSBORO BEACH FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE	NAME: SADUR, LOUISE	4.1 TITLE:	
STREET ADDRESS: 1150 HILLSBORO MILE #614	CITY-ST-ZIP: HILLSBORO BCH, FL 00000 33062	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE	NAME: PENNY, MARY JANE	5.1 TITLE:	
STREET ADDRESS: 1150 HILLSBORO MILE #707	CITY-ST-ZIP: HILLSBORO BEACH FL 33062	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: S <input type="checkbox"/> DELETE	NAME: SHERMAN, LILYAN	6.1 TITLE:	
STREET ADDRESS: 1150 HILLSBORO MILE, #214	CITY-ST-ZIP: HILLSBORO BCH FL	6.2 NAME:	
		6.3 STREET ADDRESS:	
		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* DATE: 3/10/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)