

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002626

**Entity Name:** OPAL SEAS OCEANFRONT CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC9161888466****Current Principal Place of Business:**275 HWY. A1A  
SATELLITE BEACH, FL 32937**Current Mailing Address:**275 HWY. A1A  
SATELLITE BEACH, FL 32937**FEI Number: 01-0661949****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SOILEAU, JOHN  
3490 NORTH U.S. HIGHWAY 1  
COCOA, FL 32923 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	CRONIN, DAVID
Address	275 HWY A1A UNIT 304
City-State-Zip:	SATELLITE BEACH FL 32937

Title	D
Name	ANDRADE, AMY
Address	275 HWY A1A UNIT 503
City-State-Zip:	SATELLITE BEACH FL 32937

Title	VPD
Name	ROLBIECKI, TIMOTHY
Address	P. O. BOX 1298
City-State-Zip:	MELBOURNE FL 32902

Title	D
Name	WOOD, STEVE
Address	275 HWY A1A 504
City-State-Zip:	SATELLITE BEACH FL 32937

Title	STD
Name	SLIWA, MADELEINE
Address	275 HWY A1A 401
City-State-Zip:	SATELLITE BEACH FL 32937

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID CRONIN****PRESIDENT****04/25/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date