## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002955

Entity Name: OPAL PLACE TOWNHOMES HOMEOWNERS ASSOCIATION,

INC.

**FILED** Mar 13, 2023 Secretary of State 8855825141CC

## **Current Principal Place of Business:**

C/O ENSUVI PROPERTY MANAGEMENT INC.

PO BOX 633

ELFERS, FL 34680

## **Current Mailing Address:**

C/O ENSUVI PROPERTY MANAGEMENT INC.

PO BOX 633

ELFERS, FL 34680 US

FEI Number: 24-1432736 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ENSUVI PROPERTY MANAGEMENT INC. C/O ENSUVI PROPERTY MANAGEMENT INC. PO BOX 633 ELFERS, FL 34680 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: MURRAY MCGILVEARY 03/13/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VP, TREASURER SUMMERS, SVELTA Name PAUL, GRANT Name

Address C/O ENSUVI PROPERTY Address C/O ENSUVI PROPERTY

MANAGEMENT INC. MANAGEMENT INC. PO BOX 633

PO BOX 633

ELFERS FL 34680 ELFERS FL 34680 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **MANAGER** 

Name FRACZ, MONIKA Name MCGILVEARY, MURRAY

Address C/O ENSUVI PROPERTY Address C/O ENSUVI PROPERTY

MANAGEMENT INC. MANAGEMENT INC.

PO BOX 633 PO BOX 633

ELFERS FL 34680 ELFERS FL 34680 City-State-Zip: City-State-Zip:

SIGNATURE: MURRAY CHARLES MCGILVEARY

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.