2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006
Secretary of State

DOCUMENT# 719074

Entity Name: OPAL TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1149 HILLSBORO MILE
HILLSBORO BEACH, FL 330621724

New Principal Place of Business:

Current Mailing Address:

1149 HILLSBORO MILE
HILLSBORO BEACH, FL 330621724

New Mailing Address:

FEI Number: 59-1367008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RANDALL K. ROGERS, P.A.
621 NW 53RD STREET, SUITE 300
ONE PARK PLACE
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	BLACK, THOMAS	
Address:	1149 HILLSBORO MILE #PHIN	
City-St-Zip:	HILLSBORO BEACH, FL 33062	
Title:	SD	( ) Delete
Name:	WEISS, RHEA	
Address:	1149 HILLSBORO MILE #809N	
City-St-Zip:	HILLSBORO BEACH, FL 33062	
Title:	PD	( ) Delete
Name:	BLATT, THOMAS A	
Address:	1147 HILLSBORO MILE #404S	
City-St-Zip:	HILLSBORO BEACH, FL 33062	
Title:	TD	( ) Delete
Name:	BROWN, LAWRENCE	
Address:	1149 HILLSBORO MILE #512N	
City-St-Zip:	HILLSBORO BEACH, FL 33062	
Title:	2VPD	( ) Delete
Name:	OCHS, ROBERT	
Address:	1147 HILLSBORO MILE #701N	
City-St-Zip:	HILLSBORO BEACH, FL 33062	
Title:	2SD	( ) Delete
Name:	MAVRIKIS, PHYLLIS	
Address:	1149 HILLSBORO MILE #701N	
City-St-Zip:	HILLSBORO BEACH, FL 33062	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	GALLAHGER, JOAN	
Address:	1149 HILLSBORO MILE #703N	
City-St-Zip:	HILLSBORO BEACH, FL 33062	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS BLATT PD 03/23/2006

Electronic Signature of Signing Officer or Director — Date