## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

**DOCUMENT #725458** 



**FILED** Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90368 015 \*\*\*\*61.25

1. Entity Name TOPAZ SOUTH CONDOMINIUM ASSOCIATION, INC.													
Principal Place of Business C/O SUNRAE PROPERTY MANAGEMENT 6915 TAFT STREET HOLLYWOOD, FL 33024 US				Mailing Address C/O SUNRAE PROPERTY MANAGEMENT 6915 TAFT STREET HOLLYWOOD, FL 33024 US				1   <b>       </b>			211 81211 21211 <b>311</b>	HA <b>r</b> a oh 10 <b>0</b>	
Principal Place of Business - No P.O. Box # 3				. Mailing Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				04222008	Chg-NP	CR2E0	37 (12/06)		
City & State			_Cit	_City & State				4. FEI Number 59-1535		-	1	oplied For ot Applicable	
Zip	Country		Zip	Zip C		ntry	5. Certificate of Sta		of Status Desired		\$8.75 Add		
6. Name and Address of Current Regist				ed Agent				7. Name and Address of New Registered Agent					
						Name	lame .						
SUNRAE MANAGEMENT SVCS INC 6915 TAFT STREET HOLLYWOOD, FL 33024					Street Address (P.O. Box Number is Not Acceptable)								
	•					City			<del> </del>		Zip Cod	е	
;						-	fL   The state of						
8. 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. I am familiar with, and accept													
the obligations of registered agent.													
SIGNATURE													
	Signature, typed	or printed name of registered ager	nt and title it app	licable. (NOTE	: Registered	d Agent signat	ura requirad	when reinstating)		DATE			
Filing Fee Is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	· 1 1 1 1 1 1 1 1.	and the main entraction	k payable t		
10.		OFFICERS AND D	IRECTORS		11.		A	ADDITIONS/CHA	NGES TO OFFICE	RS AND D	IRECTORS IN	∤ 10	
TITLE .	P	0. BABBABA A		☐ Delete	TITLE						Change	Addition	
NAME STREET ADDRESS	SS 3990 NW 42ND AVE, #302				Marse	ET ADDRESS	Ì						
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319					ST-ZIP							
TITLE	V			Delete	TITLE		~T-Z>	- NC1.D7-	D		Change	Addition	
NAME	BIRD, MARILYN			LJ Delete	NAME		BO O	EASURE .b MAR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Onlinge		
STREET ADDRESS		42ND AVE, #401	<del></del> -		ET ADDRESS_			ILYIU					
CITY-ST-ZIP		DALE LAKES, FL 333	19		CITY-	ST-ZIP	201			<u> </u>			
TITLE	T	LIADEN		Delete	TITLE		VK		SIDENT		Change	Addition	
NAME STREET ADDRESS	FERBER,	HARRY 42 AVENUE, #205			NAME		BIC	ODDO, 4	CRANK'S	# K09			
CITY-ST-ZIP		DALE LAKES, FL 333	19			ET ADDRESS - ST-ZIP	399	ONWH	z Aue _	. az:	219		
TITLE	Dire			☐ Delete	TITLE		E O	PRACTAR	lakes, F	1 00	Change	Addition	
NAME	ALLISON,			in contra	NAME		940	PHE KE	- 1	W n	NARIE		
STREET ADDRESS		42ND AVE, #320			STREE	ET ADDRESS	390	10 NW		± 20			
CITY-ST-ZIP		DALE LAKES, FL 333	<u> 19</u>		CITY-	-ST - ZIP		dordal		FL	3319		
TITLE NAME	DIISE			☐ Delete	TITLE		$\supset$		•		☐ Change	Addition	
STREET ADDRESS	3990	NW 42 AVE	ha nna		NAME	: Et address						•	
CITY-ST-ZIP		Rdale LAKES			•	ST - ZIP							
TITLE			,	☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	_				NAME		·						
STREET ADDRESS CITY-ST-ZIP			**	,		ET ADDRESS	1					•	
CITY-S1-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exempt												, .	
iz. inereby (	certify that thi	e mitormation supplied wil	in this filing	does not qualify for	ine exe	mptions c	ontained	in Chapter 119.	Florida Statutes, I	turther cer	tity that the ii	ntormation	

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: