2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725458

FILED Apr 21, 2009 Secretary of State

Entity Name: TOPAZ SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O SUNRAE PROPERTY MANAGEMENT 6915 TAFT STREET HOLLYWOOD, FL 33024 US **New Mailing Address: Current Mailing Address:** C/O SUNRAE PROPERTY MANAGEMENT 6915 TAFT STREET HOLLYWOOD, FL 33024 US FEI Number: 59-1535002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUNRAE MANAGEMENT SVCS INC 6915 TAFT STREET HOLLYWOOD, FL 33024 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete AURICHIO, BARBARA A AURICHIO, BARBARA A Name: Name: 3990 NW 42ND AVE, #302 Address: 7331 TRENTINO WAY Address: City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: BOYNTON BEACH, FL 33472 Title: () Delete Title: (X) Change () Addition Name: BIRD, MARILYN Name: BIRD, MARILYN Address: 3990 NW 42 AVE. #205 Address: 3990 NW 42 AVE. #401 City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: LAUDERDALE LAKES, FL 33319 Title: VΡ () Delete Title: (X) Change () Addition BLONDO, FRANK BIONDO, FRANK Name: Name: 3990 NW 42 AVE 3990 NW 42 AVE,#109 Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: LAUDERDALE LAKES, FL 33319 Title: Title: () Change () Addition () Delete Name: KELLY, MARIE Name: 3990 NW 42 AVE. #206 Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: Title: () Delete Title: () Change (X) Addition ANNECHIARICO, JOHANNA Name: Name: 3990 NW 42 AVE, #208 Address: Address: LAUDERDALE LAKES, FL 33319 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA ANN AURICHIO P 04/21/2009