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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725818 (9)

1. Corporation Name
TOPAZ NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C O CMS 5310 N. STATE RD 7 STE D FT LAUDERDALE FL 33319	C O CMS 5310 N. STATE RD 7 STE D FT LAUDERDALE FL 33319-2920

DLF MANAGEMENT SERVICES INC

2. Principal Place of Business
21: 7800 N. UNIVERSITY DR.
Suite, Apt. #, etc. 22: #01
City & State 23: TAMARAC FL
Zip 24: 33321 Country 25: BROWARD

2a. Mailing Address
26:
Suite, Apt. #, etc. 27: SAME
City & State 28:
Zip 29: Country 30:

3. Date Incorporated or Qualified: 03/15/1973
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-1564614 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COHEN, ALAN R
C O CMS STATE RD. 7 STE D
FT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name: DAVID FRIEDMAN
82 Street Address (P.O. Box Number is Not Acceptable): C/O DLF MANAGEMENT SERVICES, INC
83: 7800 N. UNIVERSITY DR
84 City: TAMARAC FL 85 Zip Code: 33321

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] DAVID FRIEDMAN 3-20-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAFTER, CLAIRE 4090 N.W. 42 AVE. APT 216 LAUDERDALE LAKES FL 33319	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TREASURER KAUFMAN EVELYN 4090 NW 42 AVE LAUDERDALE LAKES FL 33319	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BROWN, LORRAINE 4050 N.W. 42 AVE. LAUDERDALE LAKES FL 33319	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARSTONE, LOUIS 4050 N.W. 42 AVE. LAUDERDALE LAKES FL 33319	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~CAPOBIANCO, PASQUALE~~ ~~4090 NW 42 AVE APT 321~~ ~~LAUDERDALE LAKES FL 33319~~	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUNN, ROSE 4090 NW 42 AVE APT 417 LAUDERDALE LAKES FL 33319	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCNIEL, TONI 4090 NW 42 AVE APT 212 LAUDERDALE LAKES FL 33319	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] TREAS 4/6/97