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FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 725818

1. Corporation Name
TOPAZ NORTH CONDO. ASSOC. INC!

Principal Place of Business
4050 N.W. 4TH AVE
LAUDERDALE LAKES, FL 33319

Mailing Address
SAME

3. Date Incorporated or Qualified: 3/15/93

4. FEI Number: 59-2564614 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 4050 N.W. 4TH AVE
22 Suite, Apt. #, etc.:
23 City & State: LAUDERDALE LAKES FL
24 Zip: 33319 25 Country:

2a. Mailing Address
26: 4050 N.W. 4TH AVE
27 Suite, Apt. #, etc.:
28 City & State: LAUDERDALE LAKES FL
29 Zip: 33319 30 Country:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
DLF MANAGEMENT
7800 N. UNIVERSITY DR
TAMARAC, FL

10. Name and Address of New Registered Agent
81 Name: BARBARA COFFEY
82 Street Address (P.O. Box Number is Not Acceptable): 2401 NW 72 AVE
83: MARGATE, FL 33063
84 City: FL 85 Zip Code:

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: ✓ Barbara Coffey (Signature of New Registered Agent required when reinstating) DATE: ✓ 4/2/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ORLANDO FURLO #204 4050 NW 42 AVE LAUDERDALE LAKES, FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D PRES ORLANDO FURLO #204 4050 NW 42 AVE LAUDERDALE LAKES, FL 33319 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. LAUDERDALE LAKES, FL LOU ARSTONE 4050 NW 42 AVE ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D V.P. LOU ARSTONE #109 4090 NW 42 AVE LAUDERDALE LAKES, FL 33319 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓ LAUDERDALE LAKES, FL ☐ 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	SEC'Y LORRAINE JAFFE 4050 NW 42 AVE LAUDERDALE LAKES, FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D SEC'Y/TRES LORRAINE JAFFE 4090 NW 42 AVE LAUDERDALE LAKES, FL 33319 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	TRES VIOLA GORELKIN 305 4090 NW 42 AVE LAUDERDALE LAKES, FL ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I 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: ✓ Orlando E. Furlo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ Date: 4/2/98