2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 19, 2000 8:00 am
Secretary of State
04-20-2000 90098 024 ****61.25

DOCUMENT # 725818

1. Entity Name

TOPAZ NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~4090~~ 4050 4050 NW 42ND AVE LAUDERDALE LAKES FL 33319 US	~~4090~~ 4050 4050 NW 42ND AVE LAUDERDALE LAKES FL 33319-4806 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1564614 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COFFEY, BARBARA 2401 NW 72ND AVE MARGATE FL 33063	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE Barbara Coffey
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FURLO, ORLANDO 4050 N.W. 42 AVE. #204 LAUDERDALE LAKES FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PRES/SEC'Y JAFFE, LORRAINE ~~4050~~ N.W. 42 AVE. #102 LAUDERDALE LAKES FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD V. PRES. ARSTONE, LOUIS ~~4090~~ N.W. 42 AVE.#109 LAUDERDALE LAKES FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GORELKIN, VIOLA ~~D090~~ NW 42 AVE LAUDERDALE LAKES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GEORGINA HENNESSY 4050 N.W 42 AVE #211 LAUD LAKES, FL delete ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A/AN DIRCT 4090 N.W. 42 AVE #203 LAUD Lakes ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Lorraine R. Jaffee 954 743 4609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-7-00 — Daytime Phone #