2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State
09-11-2002 90062 007 ****61.25

DOCUMENT # 725818

1. Entity Name

TOPAZ NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
- 4090 4050 NW 42ND AVE LAUDERDALE LAKES FL 33319 US	4050 NW 42ND AVE LAUDERDALE LAKES FL 33319 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. I am familiar with, and accept the obligations of registered agent.

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

After September 13, 2002, min. will be $236.25.

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	~~D~~ ~~DARBY, ALAN~~ ~~4090 NW 42 AVE~~ ~~LAUDERDALE LAKES FL 94203~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR MR DOMINICK DE ROMA 4050 NW 42 Av. # 320 LAUD. LKS., FL. 33319	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDSS JAFFE, LORRAINE 4090 NW 42 AVE 102 LAUDERDALE LAKES FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR MR. SALVATORE GIAMBERARDINO #404 4090 NW 42 AV. LAUD. LKS., FL 33319	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~ARSTONE, LOUIS~~ ~~4090 NW 42 AVE 109~~ ~~LAUDERDALE LAKES FL 33319~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR ROGER ST. HILAIRE 4090 NW 42 AV. LAUD. LKS., FL 33319	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRESURER DOMINIC BERLINGIERI 4050 NW 42 AV. #217 LAUD. LKS., FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. VINCENZO CANZERI 4090 NW 42 Av #405 LAUDERDALE LAKES, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR MR PATRICK CASTRONOVO 4050 NW 42 Av. #315 LAUDERDALE LAKES FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

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.

954 739-5452

SIGNATURE: SIGNATURE REQUIRED LORRAINE JAFFE 9-9-12