

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90218 019 ****61.25

DOCUMENT # 725818			
1. Entity Name TOPAZ NORTH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % MARAGRE 4050 NW 42ND AVE. LAUDERDALE LAKES FL 33319 US		Mailing Address 4050 NW 42ND AVE. FORT LAUDERDALE FL 33319 US	
2. Principal Place of Business 410 SUNRAE MANAGEMENT SERVICES		3. Mailing Address 7071 W. COMMERCIAL BLVD	
Suite, Apt. #, etc. SUITE 2-B		Suite, Apt. #, etc. SUITE 2-B	
City & State TAMARAC, FLORIDA		City & State TAMARAC, FLORIDA	
Zip 33319	Country USA	Zip 33319	Country USA
6. Name and Address of Current Registered Agent SILVERSTEIN, STAN 1700 NW 80 AVE 408 POMPAHO BEACH FL 33063		7. Name and Address of New Registered Agent KAREN BUSCH 410 SUNRAE MANAGEMENT SERVICES INC. 7071 W. COMMERCIAL BLVD SUITE 2-B TAMARAC FL 33319	
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: Karen Busch, VP/LC/M 4/22/05 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 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME ST HILARE, ROGER	TITLE P	NAME PATRICK CASTANOVA CASTRONOVO.
STREET ADDRESS 4050 NW 42ND AVE. 3408	CITY-ST-ZIP LAUDERDALE LAKES FL 33319	STREET ADDRESS 4050 NW 42 AVE #315	CITY-ST-ZIP LAUDERDALE LAKES, FL 33319
TITLE VP	NAME GIAMBRA, SHANNON	TITLE T	NAME ROGER ST. HILARE
STREET ADDRESS 4090 N.W. 42 AVE., #204	CITY-ST-ZIP LAUDERDALE LAKES FL 33319	STREET ADDRESS 4090 NW 42 AVE #408	CITY-ST-ZIP LAUDERDALE LAKES, FL 33319
TITLE S	NAME CAPOBIANCO, ENNES	TITLE D	NAME TOMMY D'ERRICO
STREET ADDRESS 4050 N.W. 42 AVE., #321	CITY-ST-ZIP LAUDERDALE LAKES FL 33319	STREET ADDRESS 4050 NW 42 AVE #413	CITY-ST-ZIP LAUDERDALE LAKES, FL 33319
TITLE T	NAME D'ERRICO, TOMMY	TITLE P	NAME LORRAINE JAFFE
STREET ADDRESS 4050 N.W. 42 AVE., #413	CITY-ST-ZIP LAUDERDALE LAKES FL 33319	STREET ADDRESS 4090 NW 42 AVE #102	CITY-ST-ZIP LAUDERDALE LAKES, FL 33319
TITLE D	NAME TARTAGLIE, ANTONIO	TITLE P	NAME MARCIA EDWARDS
STREET ADDRESS 4050 NW 42ND AVE. 3419	CITY-ST-ZIP LAUDERDALE LAKES FL 33319	STREET ADDRESS 4050 NW 42 AVE #318	CITY-ST-ZIP LAUDERDALE LAKES, FL 33319
TITLE D	NAME CASOLA, ANTHONY	TITLE	NAME
STREET ADDRESS 4050 N.W. 42 AVE., #317	CITY-ST-ZIP LAUDERDALE LAKES FL 33319	STREET ADDRESS	CITY-ST-ZIP

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: **TRACURA** **04/22/05** **954-484-4565.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #