


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90257 045 \*\*\*\*70.00

<b>DOCUMENT # 725818</b>					
<b>1. Entity Name</b> TOPAZ NORTH CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4050 NE 42ND AVENUE LAUDERDALE LAKES, FL 33319 US			<b>Mailing Address</b> 4050 NE 42ND AVENUE LAUDERDALE LAKES, FL 33319 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04062007 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 59-1564614				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BUSCH, KAREN C/O SUNRAE MANAGEMENT SERVICES INC. 7071 W COMMERCIAL BLVD, SUITE 2B FORT LAUDERDALE, FL 33319 <span style="float: right;">DELETE</span>			Name <b>Dominico Diroma</b> Street Address (P.O. Box Number is Not Acceptable) 4050 NW 42nd. Ave. Apt. 320 City <b>Lauderdale Lakes</b> <b>FL</b> Zip Code <b>33319</b>		
<b>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.</b>					
SIGNATURE <u>Dominico Diroma</u> <b>Dominico Diroma</b> <u>April 18, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> BJORKMAN, EDWIN <b>STREET ADDRESS</b> 4050 NW 42 AVE. #117 <b>CITY - ST - ZIP</b> LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Diroma, Dominico <b>STREET ADDRESS</b> 4050 NW 42nd. Ave. Apt. 320 <b>CITY - ST - ZIP</b> Lauderdale Lakes, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> HENNESSY, GEORGINA <b>STREET ADDRESS</b> 4050 NW 42 AVE. # 211 <b>CITY - ST - ZIP</b> LAUDERDALE LAKES, FL 33319	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S. <b>NAME</b> Macneil, Antonina <b>STREET ADDRESS</b> 4050 NW 42nd. Ave. Apt. 212 <b>CITY - ST - ZIP</b> Lauderdale Lakes, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> CAPOBIANCO, ENNES <b>STREET ADDRESS</b> 4050 N.W. 42 AVE., #321 <b>CITY - ST - ZIP</b> LAUDERDALE LAKES, FL 33319	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D. <b>NAME</b> Jaffe, Lorraine <b>STREET ADDRESS</b> 4090 NW/ 42nd. Ave. Apt. 102 <b>CITY - ST - ZIP</b> Lauderdale Lakes, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> D'ERRICO, TOMMY <b>STREET ADDRESS</b> 4050 NW 42 AVENUE, #413 <b>CITY - ST - ZIP</b> LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Tartaglia, Angelina <b>STREET ADDRESS</b> 4050 NW 42nd. Ave. Apt. 419 <b>CITY - ST - ZIP</b> Lauderdale Lakes, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> EDWARDS, MARCIA <b>STREET ADDRESS</b> 4050 NW 42 AVENUE, #318 <b>CITY - ST - ZIP</b> LAUDERDALE LAKES, FL 33319	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Rebuli, Flora <b>STREET ADDRESS</b> 4050 NW. 42nd. Ave. Apt. 319 <b>CITY - ST - ZIP</b> Lauderdale Lakes, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Edwin Bjorkman</u> <b>Edwin Bjorkman, President</b> <b>4/18/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			954 497 2964		