2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90174 030 ****61.25

DOCUMENT # 725818

1. Entity Name

TOPAZ NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address					
4050 NW 42ND AVE	4050 NW 42ND AVE	4050 NW 42ND AVE				
LAUDERDALE LAKES FL 33319	LAUDERDALE LAKES FL 33	319				
US	US		}	* 188111 18612 1188) Richt 1868) 11881 1811 8	1811 B1811 S1811 B1811 B18	8:8 () 1 88 (
2. Principal Place of Business	3. Mailing Address		- 0			
AUSA SERVICES	2771 TREP	2771 TREASURE COUE		rcho		M, 6,61, 164,
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
				. CHECK HERE II WA	AKING CHANGES	
City & State	City & State		/ 4	. FEI Number 59-1564614	I Ar	oplied For
Oily a blate	FT. LAVOCR	SALE AT	•	39-1304014	⊢	ot Applicable
7:-						
Zip Country.	2 22/2	Country A	. 5	i. Certificate of Status Desired	\$8.75 Add Fee Require	
	Zip 333/2	0.0.7				
6. Name and Address of Curre		A^{7}	. Name and Address of New Regist	ered Agent		
	Name	NAU	11.1. Shapipe			
COFFEY, BARBARA	Street A	Street Address (PO Boy Number is Not-Acceptable)				
2401 NW 72ND AVE	ي الم	Street Address (P.O. Box Number is Not Acceptable)				
MADCATE EL 33063						
Y-7-7-						
Ch.				DEPLDALE	FL 258	P/レ
1		· - 1 200				
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.						
1 / Mul 1 Hhappan 11/51/102						
SIGNATURE Y 9/27/0						
Signature, typed or printed name of registered/ageny and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
The same of the sa					<u> </u>	
FILE NOW: EEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to						
FILE NOW: FEE IS \$61.29						
€ ₹	ildst Fulld C	Ontribution.	□ A0	ided to Fees Florida D	epartment of s	state
055(0550 1)(0	NECTORS.		455	NEIONO (OLIMAIOEO EO OFFIOSEO A	UD DIDECTORO IL	
10. OFFICERS AND I		11.	T	DITIONS/CHANGES TO OFFICERS A		
TITLE D.	Delete	TITLE	Pres:	Dent	☐ Change	Addition
NAME \ DEROMA, DOMINICK MR	/	NAME	PATR	CK CASTRONGUO		}
STREET ADDRESS 4050 NW 42 AVE #320		STREET ADDRESS		U.W. 42 AVE #315		j
CITY-ST-ZIP \ LAUDERDALE LAKES FL 33319	9 /	CITY-ST-ZIP	LAUDE	roale LAKES F1. 33319		
TITLE PDSS	Delete	TITLE		President	☐ Change	Z Addition
NAME JAFFE, LORRAINE	/ Delete	NAME		VON GIAMORA.	Onlingo	7 100 110 11
		STREET ADDRESS	4090 4	U.W. 42 Ave #204		ļ
STREET ADDRESS 4090 NW 42 AVE 102				and the second s	ره جو سموت	1-4
CITY-ST-ZIP LANDERDALE:LAKES:FL-38318		F CITY-ST-ZIP		Date Lies F1 333319		
TITLE D	Delete	TITLE	ENNE	5 CAPOB: ANCOS	☐ Change	Addition
NAME GIAMBERARDINO, SALVATORE	MR	NAME	Secur	ety		
STREET ADDRESS 4090 NW 42 AVE #404		STREET ADDRESS	4050	N.W. 42 AVE 321		
CITY-ST-ZIP LAUDERDALE LAKES FL 33318	9	CITY-ST-ZIP		PRAJE LAKES FL 33319		
T	Delete	TITLE		- D'EFFICE TE LASURY	Chance	Addition
NAME BERLINGIERI, DOMINIC	Delete	TITLE		-	☐ Change	AODITION -
NAME BEHLINGIERI, DOMINIC		NAME		Y D'Errico		
STREET ADDRESS 4050 NW 42 AVE		STREET ADDRESS	1	N.W. 42 Ave #413		
CITY-ST-ZIP LAUDERDALÉ LAKES FL 33319		CITY-ST-ZIP		erdale Les. Fi. 33319.		
TITLE D	Delete	TITLE	Direc	TOL	☐ Change	Addition
NAME CANZERY VINCENZO		NAME	NATALIE	KOBECT		
STREET ADDRESS 4090 NW 42 AVE #405		STREET ADDRESS	4090	N.W. 42 AVE 805		
CITY-ST-ZIP LAUDERDALE LAKES FL 33319	λ	CITY-ST-ZIP	, '			1
	-\ -	_ R		erbale CKS. Fr. 33319.	4	
TITLE DESPRIENT NATION AND	☐ Delete	TITLE	DIRECTOR-	ANTROPY CASOLA. 4050 NW. 42 4	ンパ L Change	D Addition
NAME CASTONOVO, PATRICK MR	\	TWINE .	DITECTUR.	TONY TARTAGLIA 4050	N.W. 42 Aug de	+19
STREET ADDRESS 4050 NW 42ND AVE #6315	\	STREET ADDRESS	LAUDER	DAIL LIKS FI. 33319.	WAY HUE	···
CITY-ST-ZIP LAUDERDALE LAKES FL 33319)	CITY-ST-ZIP		<u> </u>		. }

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: X

STOWERS REQUIRED

14-21-03 154-23-42488