2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N02000001311

Entity Name: TOPAZ OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

735 N HWY A1A
INDIALANTIC, FL 32903

New Principal Place of Business:

1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826

Current Mailing Address:

735 N HWY A1A
INDIALANTIC, FL 32903

New Mailing Address:

P.O. BOX 781291
ORLANDO, FL 32878

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEMPER, ROBERT
735 N HWY A1 #204
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

COMMUNITY RESOURCE MANAGEMENT INC
1802 N. ALAFAYA TRAIL
ORLANDO, FL 32726 US

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: FRANK SURFACE 05/02/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: MURZAL, PHYLLIS
Address: 735 N. HWY A1A #401
City-St-Zip: INDIALANTIC, FL 32903

Title: D ( ) Delete
Name: LIND, KEN
Address: 735 N. HWY A1A #305
City-St-Zip: INDIALANTIC, FL 32903

Title: D ( ) Delete
Name: FRY, LINDA
Address: 735 N. HWY A1A #305
City-St-Zip: INDIALANTIC, FL 32903

Title: PD ( ) Delete
Name: DERUSSO, DOMINIC
Address: 735 N HWY A1A APT # 206
City-St-Zip: INDIALANTIC, FL 32903

Title: SD ( ) Delete
Name: CRAIG, DARLA
Address: 735 N. HWY A1A #504
City-St-Zip: INDIALANTIC, FL 32903

Title: TD ( ) Delete
Name: KEMPER, ROBERT
Address: 735 N. HWY A1A #204
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINIC DERUSSO P 05/02/2007
Electronic Signature of Signing Officer or Director — Date