

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725818

Entity Name: TOPAZ NORTH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4050 NW 42ND AVENUE
LAUDERDALE LAKES, FL 33319**Current Mailing Address:**4050 NW 42ND AVENUE
LAUDERDALE LAKES, FL 33319 US**FEI Number:** 59-1564614**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAPIRO, PAUL
19925 NE 10TH PLACE WAY
MIAMI, FL 33179 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:** PAUL SHAPIRO

04/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, TREASURER
Name TARTAGLIA, ANGELINA
Address 4050 NW 42ND AVENUE
419
City-State-Zip: LAUDERDALE LAKES FL 33319

Title DIRECTOR
Name AIKEN, NATASHA
Address 4090 NW 42ND AVENUE
City-State-Zip: LAUDERDALE LAKES FL 33319

Title DIRECTOR
Name DIROMA, GIUSEPPE
Address 4090 NW 42ND AVENUE
308
City-State-Zip: LAUDERDALE LAKES FL 33319

Title DIRECTOR
Name ROBINSON, OUIDA
Address 4090 NW 42ND AVE
413
City-State-Zip: LAUDERDALE LAKES FL 33319

Title DIRECTOR
Name REBULI, FLORA
Address 4050 NW 42ND AVENUE
319
City-State-Zip: LAUDERDALE LAKES FL 33319

Title PRESIDENT
Name BROOKS, MARIE
Address 4090 NW 42ND AVENUE
City-State-Zip: LAUDERDALE LAKES FL 33319

Title VP
Name SHAMIS, JOAN
Address 4090 NW 42 AVE
412
City-State-Zip: FT LAUDERDALE FL

I hereby 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 all other like empowered.

SIGNATURE: MARIE BROOKS

PRESIDENT

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date