2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725818

Entity Name: TOPAZ NORTH CONDOMINIUM ASSOCIATION, INC.

FILED Mar 29, 2018 **Secretary of State** CC0383322990

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 03/29/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR TARTAGLIA, ANGELINA Name Name REBULI, FLORA

4050 NW 42ND AVENUE 4050 NW 42ND AVENUE Address Address

LAUDERDALE LAKES FL 33319 City-State-Zip:

City-State-Zip: LAUDERDALE LAKES FL 33319

Title Title **PRESIDENT**

Name MCCOMBE, JOANN Name BAILEY, MELVIN

4090 NW 42ND AVENUE 4090 NW 42ND AVENUE Address Address

LAUDERDALE LAKES FL 33319 City-State-Zip: LAUDERDALE LAKES FL 33319 City-State-Zip:

Title **DIRECTOR** Title SECRETARY, TREASURER

Name DIROMA, GIUSEPPE Name SHAMIS, JOAN 4090 NW 42 AVE

Address 4090 NW 42ND AVENUE Address 308 412

City-State-Zip: LAUDERDALE LAKES FL 33319 City-State-Zip: FT LAUDERDALE FL

Title **DIRECTOR**

ROBINSON, OUIDA Name

Address 4090 NW 42ND AVE

413

LAUDERDALE LAKES FL 33319 City-State-Zip:

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.

03/29/2018 SIGNATURE: MELVIN BAILEY **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date