

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 95 JUL 31 PM 12: 50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 712954 (7)

1. Corporation Name
JADE WINDS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1720 N E 191 STREET NORTH MIAMI BEACH FL 33179 **1720 N E 191 STREET NORTH MIAMI BEACH FL 33179 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/19/1967** 3a. Date of Last Report **03/22/1994**
 4. FEI Number **59-1220918** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRED WELBER
1750 NE 191st
N. MIAMI BEACH FL 33179 North Miami Beach FL 33179 Unit 627

81 Name **Hyman & Kaplan, P.A.**
 82 Street Address (P.O. Box Number is Not Acceptable) **44 West Flagler Street, 14th Floor**
 83 **Courthouse Tower**
 84 City **Miami** FL 85 Zip Code **33130**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **July 26, 1995**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRED WELBER
STREET ADDRESS	1750 NE 191st
CITY - ST - ZIP	N.M.B., FL 33179 #627
TITLE	SD
NAME	MANULKIN, HAZEL
STREET ADDRESS	1770 NE 191ST STREET, #114
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	TD
NAME	FELD, MILDRED
STREET ADDRESS	1670 NE 191ST STREET, #305
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	TD
NAME	DRAPER, ARTHUR
STREET ADDRESS	1750 NE 191ST STREET, #128
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	V
NAME	DEUTSCHER, EVELYN
STREET ADDRESS	1680 NE 191ST STREET, #410
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	V
NAME	GEORGE GERMAN # 706
STREET ADDRESS	1750 NE 191ST STREET, #100
CITY - ST - ZIP	1750 NE 191st N.M.B., FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **949-4816**
 DAY/MONTH/YEAR

CR2E037 (3/95)