

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90200 012 ****70.00

0034790

DOCUMENT # 712954

1. Corporation Name

JADE WINDS ASSOCIATION, INC.

Principal Place of Business

1720 N E 191 STREET
NORTH MIAMI BEACH FL 33179

Mailing Address

1720 N E 191 STREET
NORTH MIAMI BEACH FL 33179
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/19/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1220918

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KALLICHE, ANTHONY A.
5201 BLUE LAGOON DR
SUITE #100
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME PLANCHER, MAX
STREET ADDRESS 1700 NE 191 ST
CITY-ST-ZIP N. MIAMI BCH. FL 33179

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME MANULKIN, HAZEL
STREET ADDRESS 1770 NE 191ST STREET, #114
CITY-ST-ZIP N MIAMI BCH FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE TD
NAME MERMAN, GEORGE
STREET ADDRESS 1770 NE 191 ST #706
CITY-ST-ZIP N. MIAMI BCH FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE V
NAME LIBMAN, ROBERT
STREET ADDRESS 1780 NE 191 ST #506
CITY-ST-ZIP N MIAMI BCH FL 33179

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE PD
NAME BERGMAN, IZAK
STREET ADDRESS 1750 NE 191ST ST. #300
CITY-ST-ZIP N. MIAMI BCH FL 33179

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)