


FILE NOW: FILING FEE IS \$61.25

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

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

0034790

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

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
21	26	06/19/1967
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1220918
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution
		\$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANCHER, MAX	1.2 NAME	
STREET ADDRESS	1700 NE 191 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL 33179	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANULKIN, HAZEL	2.2 NAME	LISA LEFKOWITZ
STREET ADDRESS	1770 NE 191ST STREET, #114	2.3 STREET ADDRESS	1710 ne 191 st #302
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MERMAN, GEORGE	3.2 NAME	
STREET ADDRESS	1770 NE 191 ST #706	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBMAN, ROBERT	4.2 NAME	SHAYLE ABRAMS
STREET ADDRESS	1780 NE 191 ST #506	4.3 STREET ADDRESS	1750 NE 191 STREET #113
CITY-ST-ZIP	N MIAMI BCH FL 33179	4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGMAN, IZAK	5.2 NAME	
STREET ADDRESS	1750 NE 191ST ST. #300	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 *Boek* *Berger* 4/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)