


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90405 002 ****70.00

DOCUMENT # 712954
 1. Entity 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

50008349



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03272006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-1220918 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROGEL, DAVID
 5201 BLUE LAGOON DR
 SUITE #100
 MIAMI, FL 33126

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
121 ALHAMBRA PLAZA # 1000
Coral Gables
 City
FL Zip Code
33134

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NVPD WEIZ, TIGOR 1670 NE 191 STREET #403 N. MIAMI BCH., FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tibor Weisz 1670 NE 191 St #403 N. Miami Bch, FL 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS LEFKOWITZ, LISA 1710 NE 191ST ST #302 N MIAMI BCH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert L. Libman 1780 NE 191 St #506 N. Miami Bch, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARGARIL, RUTH 1780 NE 191 ST MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jebbray Modest 1750 NE 191 St #121 N. Miami Bch, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGMAN, IZAK 1750 NE 191 ST #300 N. MIAMI BCH, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANINA Venuti 1780 NE 191 St #105 N. MIAMI Bch, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP AGIN, LARRY 1770 NE 191 ST #712 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.S. Kristen Vetter 1780 NE 191 St #614 N. Miami Bch, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sandra Fox 1680 NE 191 St #215 N. Miami Bch, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. L. Libman **President** 3/29/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
~~50008349~~
#712954

JADE WINDS ASSOCIATION, INC.

1720 N.E. 191st Street • North Miami Beach, Florida 33179 • Phone: 305-949-4816 • Fax: 305-949-5950

MESSAGE

To _____

D
Marc Siegel
1780 NE 191 St. #800
N. Miami Bch, FL. 33179

Date _____

D
Mindy SYLO
1750 NE 191 St # 702
N. Miami Bch, FL. 33179

D
Debbie Abrams
1750 NE 191 St # 220
N. Miami Bch, FL. 33179

D
Florence Poretzky
1660 NE - 191 St #309
N. Miami Bch, FL 33179

D
Jose Budnechky
1780 NE 191 St # 500
N. Miami Bch, FL. 33179

D
Syffer Quiceno
1750 NE 191 St # 427
N. Miami Bch, FL 33179

D
Steven Gary
1680 NE 191 St # 106
N. Miami Bch, FL. 33179

D
Lev Reysher
1690 NE 191 St # 109
N. Miami Bch, FL - 33179

D
Arthur Libman
1700 NE 191 St # 506
N. Miami Bch, FL. 33179

D
Ticky Russell
1750 NE - 191 St # 205
N. Miami Bch, FL 33179

D
Sandy Sarter
1690 NE 191 St. #204
N. Miami Bch, FL - 33179

By _____

Signed _____