2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 712954

1. Entity Name
JADE WINDS ASSOCIATION, INC.

FILED
07 MAY 11 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04162007 Chg-NP CR2E037 (12/06)

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

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
HYMAN, MICHAEL HYMAN, SPECTOR & MARS, LLP 150 W. FLAGLER ST., MUSEUM TOWER, 27TH FL. MIAMI, FL 33130	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Amended AR is $61.25 | 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	P LIBMAN LIGMAN, ROBERT 1780 NE 191 STREET, #506 NORTH MIAMI BEACH, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Robert L. Libman 1780 N.E. 191 St #506 N. Miami Beach, FL 33179 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP MOOLEVLIET, JEFFREY 1750 NE 191 STREET, #121 N MIAMI BCH, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300103132423 05/24/07--01013--005 **70.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP NASERZARE, BABAK 1780 NE 191 ST #704 NORTH MIAMI BEACH, FL 33179 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 VP Mosenson, Sandra 1780 NE 191 St #215 N. Miami Beach, FL. 33179 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VETTER, KIRSTEN 1780 NE 191 ST #614 N. MIAMI BCH, FL 33179 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Clarke, Veronica 1660 NE. 191 St #210 N. Miami Bch, FL. 33179 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSENSON, SANDRA F 1780 NE 191 ST #215 NORTH MIAMI BEACH, FL 33179 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Rietshel, Iveta 1670 NE 191 St. # 211 N. Miami Bch, FL - 33179 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/22 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Sandra Mosenson SANDRA MOSENSON 4/17/07 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR