## 2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 712954** 

Entity Name: JADE WINDS ASSOCIATION, INC.

Sep 13, 2021 **Secretary of State** 0800597141CC

**FILED** 

# **Current Principal Place of Business:**

1700 NE 191 STREET

NORTH MIAMI BEACH, FL 33179

## **Current Mailing Address:**

1700 NE 191 STREET

NORTH MIAMI BEACH, FL 33179 US

FEI Number: 59-1220918 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

PETERS & PETERS, ATTORNEYS AT LAW, P.A. 10400 GRIFFIN ROAD, SUITE 108 COOPER CITY, FL 33328 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title DIRECTOR Title **PRESIDENT** 

Name RAYMOND, SUSAN Name MENDOZA, FERNANDO

Address 1700 NE 191 STREET Address 1770 NE 191 STREET

City-State-Zip: NORTH MIAMI BEACH FL 33179 City-State-Zip: NORTH MIAMI BEACH FL 33179

Title

Title **DIRECTOR** 

**SECRETARY** ROSALES, BERTHA Name Name PEREZ, DIANA

Address 1700 NE 191 STREET 1700 NE 191 STREET Address

City-State-Zip: NORTH MIAMI BEACH FL 33179 City-State-Zip: NORTH MIAMI BEACH FL 33179

Title **TREASURER** Title **DIRECTOR** 

Name CESARI. MAUDE GIRALDO, SUSANA Name

Address 1700 NE 191 STREET Address 1700 NE 191 STREET

City-State-Zip: NORTH MIAMI BEACH FL 33179 City-State-Zip: NORTH MIAMI BEACH FL 33179

Title 1ST VICE PRESIDENT Title 2ND VICE PRESIDENT Name CARCASSES, MERCEDES

Name ODESSKY, ALLA

Address 1700 NE 191 STREET Address 1700 NE 191 STREET

NORTH MIAMI BEACH FL 33179 City-State-Zip: NORTH MIAMI BEACH FL 33179 City-State-Zip:

#### Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FERNANDO MENDOZA

**PRESIDENT** 

09/13/2021

Electronic Signature of Signing Officer/Director Detail

Date

#### Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameGOUVEIA, OLAVONameBERMUDEZ, ZUZANAAddress1700 NE 191 STREETAddress1700 NE 191 STREET

City-State-Zip: NORTH MIAMI BEACH FL 33179 City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR Title DIRECTOR

NameWONG, ANN JULIETNameLIFSHITS, ELIZABETHAddress1700 NE 191 STREETAddress1700 NE 191 STREET

City-State-Zip: NORTH MIAMI BEACH FL 33179 City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR Title DIRECTOR

Name SCHWING, LOUIS Name HEFFREN, BRIAN
Address 1700 NE 191 STREET Address 1700 NE 191 STREET

City-State-Zip: NORTH MIAMI BEACH FL 33179 City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR Title DIRECTOR

Name REYENTENKO, MARIYA Name RESTREPO QUIROZ, OSCAR ANDRES

Address 1750 NE 191 STREET Address 1700 NE 191 STREET

#210 City-State-Zip: NORTH MIAMI BEACH FL 33179
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR Name MENDOZA

Name SUAREZ, KAREN Name MENDOZA, JUAN FERNANDO

Address 1700 NE 191 STREET

Address 1700 NE 191 STREET

City-State-Zip: NORTH MIAMI BEACH FL 33179