## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 712954** 

Entity Name: JADE WINDS ASSOCIATION, INC.

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:

STRALEY & OTTO, P.A. 2699 STIRLING ROAD

C-207

FORT LAUDERDALE, FL 33312 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: CHARLES F. OTTO, ESQ. 04/26/2016

Electronic Signature of Registered Agent

Date

FILED Apr 26, 2016

Secretary of State

CC7478084028

Officer/Director Detail:

Title PRESIDENT Title VP

Name CARCASSES, MERCEDES Name KAHN, RODOLFO

Address 1700 NE 191 ST Address 1700 N E 191 STREET

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

Title 2ND VP Title TREASURER

Name GIRALDO, SUSANA Name PIGNATELLI, JUANA B.
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 RAYMOND, SUSAN Name ODESSKY, ALLA

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 MOINELO, CRISTINA D Name HERNANDEZ, ADRIAN
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

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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: MERCEDES CARCASSES PRESIDENT

Electronic Signature of Signing Officer/Director Detail

IT 04/26/2016

Date

## Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameAGIN, LAWRENCENameAYAD, MAGDY

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

TitleSECRETARYTitleDIRECTORNamePEREZ, DIANANameREVILLA, TULIO

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

TitleDIRECTORTitleDIRECTORNameMONZOTE, YOELNameSCHINAGL, SUELI

Name MONZOTE, YOEL Name SCHINAGL, SUELI
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 OSOKINA, ZANNA Name CHOZE, TIAGO

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

NameHETRICK, JEFFREY WAYNENameHERNANDEZ, MIRZAAddress1700 NE 191 STREETAddress1700 NE 191 STREET

City-State-Zip: NORTH MIAMI BEACH FL 33179