Name and Address of Current Registered Agent:					
PETERS & PET 9900 STIRLING 232	'ERS, ATTORNEYS AT LAW, P.A. ROAD				
COOPER CITY	FL 33024 US				
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida.		
SIGNATURE	E KEVIN G. PETERS		04		
	Electronic Signature of Registered Agent				
Officer/Dire	ctor Detail :				
Title	PRESIDENT	Title	TREASURER		
Name	KAHN, RODOLFO	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		
Title	DIRECTOR	Title	DIRECTOR		
Name	AGIN, LAWRENCE	Name	AYAD, 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		
City Clute Lip.					

2017 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

Name and Address of Current Registered Agent:

Certificate of Status Desired: No

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: RODOLFO KAHN

PRESIDENT

Continues on page 2

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 24, 2017 Secretary of State CC1327634841

04/24/2017 Date

Officer/Director Detail Continued :

Title	SECRETARY	Title	ASSISTANT SECRETARY
Name	PEREZ, DIANA	Name	REVILLA, 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
Title	VP	Title	DIRECTOR
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	SECOND VICE PRESIDENT	Title	DIRECTOR
Name	LOTSOS, EVA	Name	CARCASSES, MERCEDES
	1700 NE 191 STREET	Address	1700 NE 191 STREET
Address		City-State-Zip:	NORTH MIAMI BEACH FL 33179
City-State-Zip:	NORTH MIAMI BEACH FL 33179	,	
Title	DIRECTOR	Title	DIRECTOR
Name	ZAMBRANO, ENRIQUE	Name	HERNANDEZ, MIRZA
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