

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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.

08/14/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CARCASSES, MERCEDES
Address 1700 NE 191 ST
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title VP
Name KAHN, RODOLFO
Address 1700 N E 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title 2ND VP
Name GIRALDO, SUSANA
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title TREASURER
Name PIGNATELLI, JUANA B.
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title SD
Name LOTSOS, EVA M.
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR
Name ODESSKY, ALLA
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR
Name MOINELO, CRISTINA D
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR
Name ARIAS, GUILLERMO
Address 1700 NE 191 STREET
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: SUSANA GIRALDO

2ND VP

08/14/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AGIN, LAWRENCE
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR
Name CHACON, MATILDE
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR
Name ORLOWSKI, PETER
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR
Name REVILLA, TULIO
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR
Name AYAD, MAGDY
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR
Name ALVAREZ, XOCHITL
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR
Name SCHINAGL, SUELI
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR
Name OSOKINA, ZANNA
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179