

**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.

07/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            ALVAREZ, XOCHITL  
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            BERMUDEZ, ZUZANA  
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:** XOCHITL ALVAREZ

PRESIDENT

07/12/2015

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 GIRALDO, SUSANA  
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

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

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