

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712954

**FILED**  
**Jan 24, 2014**  
**Secretary of State**  
**CC8151731475**

**Entity Name:** JADE WINDS ASSOCIATION, INC.

**Current Principal Place of Business:**

1720 N E 191 STREET  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1720 N E 191 STREET  
NORTH MIAMI BEACH, FL 33179

**FEI Number:** 59-1220918

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANA COSTALES-ABISEID CPA  
6020 SW 40 STREET  
MIAMI, FL 33155 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 P, D  
Name PEREZ, SANTIAGO  
Address 1690 NE 191 STREET  
UNIT 214  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title VP, D  
Name FOX, SANDRA  
Address 1680 NE 191 ST UNIT 215.  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title T, D  
Name BERGEMAN, JESSE  
Address 1770 N E 191 STREET  
UNIT 102  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title S, D  
Name TOLLEFSEN, DONNA  
Address 1750 N E 191 STREET  
UNIT 829  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title D  
Name PORETSKY, FLORENCE  
Address 1660 N E 191 STREET  
UNIT 309  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title D  
Name TULLIO, REVILLA  
Address 1690 NE 191 STREET  
UNIT 300  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title D  
Name VELAZQUEZ, EDWARD  
Address 1710 NE 191 STREET  
UNIT 114  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title D  
Name LEVI, LAURA  
Address 1770 NE 191 STREET  
UNIT 212  
City-State-Zip: NORTH MIAMI BEACH FL 33179

**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:** SANTIAGO PEREZ

P

01/24/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name BAUMANN, SCOTT  
Address 1780 NE 191 STREET  
UNIT 802  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title D  
Name WOLLITZER, THOMAS  
Address 1770 NE 191 STREET  
UNIT 612  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title D  
Name DEL VALLE , RAMON  
Address 1750 NE 191 STREET  
UNIT 725  
City-State-Zip: NORTH MIAMI BEACH FL 33179