

**2021 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:**

PETERS & PETERS, ATTORNEYS AT LAW, P.A.  
10400 GRIFFIN ROAD, SUITE 108  
COOPER CITY, FL 33328 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 DIRECTOR  
Name RAYMOND, SUSAN  
Address 1700 NE 191 STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33179

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

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

Title SECRETARY  
Name PEREZ, DIANA  
Address 1700 NE 191 STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title TREASURER  
Name CESARI, MAUDE  
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 1ST VICE PRESIDENT  
Name CARCASSES, MERCEDES  
Address 1700 NE 191 STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title 2ND VICE PRESIDENT  
Name ODESSKY, ALLA  
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:** CRISTINA MOINELO

**PRESIDENT**

**04/23/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name WONG, ANN JULIET  
Address 1700 NE 191 STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33179

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

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

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

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

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

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

Title DIRECTOR  
Name RESTREPO QUIROZ, OSCAR ANDRES  
Address 1700 NE 191 STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR  
Name MENDOZA, JUAN FERNANDO  
Address 1700 NE 191 STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33179