### 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 712954** 

Entity Name: JADE WINDS ASSOCIATION, INC.

**FILED** Mar 28, 2022 **Secretary of State** 1528218279CC

#### **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	PRESIDENT	Title	2ND VICE PRESIDENT
Name	MENDOZA, JUAN FERNANDO	Name	ROSALES, BERTHA
Address	1700 NE 191 STREET	Address	1700 NE 191 STREET

MGR OFFICE MGR OFFICE

City-State-Zip: NORTH MIAMI BEACH FL 33179 City-State-Zip: NORTH MIAMI BEACH FL 33179

Title Title DIRECTOR DIRECTOR Name GIRALDO, SUSANA Name ODESSKY, ALLA 1700 NE 191 STREET 1700 NE 191 STREET Address Address MGR OFFICE

MGR OFFICE

City-State-Zip: NORTH MIAMI BEACH FL 33179 City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR Title **SECRETARY** 

Name GOUVEIA, OLAVO Name BERMUDEZ, ZUZANA Address 1700 NE 191 STREET Address 1700 NE 191 STREET MGR OFFICE MGR OFFICE

City-State-Zip: NORTH MIAMI BEACH FL 33179 City-State-Zip: NORTH MIAMI BEACH FL 33179

Title Title DIRECTOR 1ST VICE PRESIDENT LIFSHITS, ELIZABETH Name WONG, ANNE JULIET Name 1700 NE 191 STREET Address Address 1700 NE 191 STREET MGR OFFICE

MGR OFFICE

City-State-Zip: NORTH MIAMI BEACH FL 33179 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.

03/28/2022 SIGNATURE: JUAN FERNANDO MENDOZA **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

#### Officer/Director Detail Continued:

Title DIRECTOR

Name SCHWING, LOUIS

Address 1700 NE 191 STREET

MGR OFFICE

City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR

Name RESTREPO QUIROZ, OSCAR ANDRES

Address 1700 NE 191 STREET

MGR OFFICE

City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR

Name REDFIELD, ADDISON

Address 1700 NE 191 STREET

MGR OFFICE

City-State-Zip: NORTH MIAMI BEACH FL 33179

Title TREASURER

Name BOILEAU, GRAINNE

Address 1700 NE 191 STREET

MGR OFFICE

City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR

Name GOLDNER, GALINA

Address 1700 NE 191 STREET

MGR OFFICE

City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR

Name HEFFREN, BRIAN

Address 1700 NE 191 STREET

MGR OFFICE

City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR

Name SUAREZ, KAREN

Address 1700 NE 191 STREET

MGR OFFICE

City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR

Name TAPIA, MARIA ELENA

Address 1700 NE 191 STREET

MGR OFFICE

City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR

Name MONZOTE, YOEL

Address 1700 NE 191 STREET

MGR OFFICE

City-State-Zip: NORTH MIAMI BEACH FL 33179