

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 MENDOZA, FERNANDO
Address 1770 NE 191 STREET
#410
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 DIRECTOR
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: JUAN FERNANDO MENDOZA

PRESIDENT

10/12/2021

_____ 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, TREASURER
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 REYENTENKO, MARIYA
Address 1750 NE 191 STREET
#210
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 MOINELO, CRISTINA
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 PRESIDENT
Name MENDOZA, JUAN FERNANDO
Address 1700 NE 191 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33179