

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 95 JUL 31 PM 12: 50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 712954 (7)

1. Corporation Name
JADE WINDS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1720 N E 191 STREET NORTH MIAMI BEACH FL 33179 **1720 N E 191 STREET NORTH MIAMI BEACH FL 33179 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/19/1967** 3a. Date of Last Report **03/22/1994**
 4. FEI Number **59-1220918** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRED WELBER
1750 NE 191st
N. MIAMI BEACH FL 33179 North Miami Beach FL 33179 Unit 627

81 Name **Hyman & Kaplan, P.A.**
 82 Street Address (P.O. Box Number is Not Acceptable) **44 West Flagler Street, 14th Floor**
 83 **Courthouse Tower**
 84 City **Miami** FL 85 Zip Code **33130**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
 Signature typed or printed name of registered agent and title of agent

July 26, 1995
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
 NAME **FRED WELBER**
 STREET ADDRESS **1750 NE 191st**
 CITY - ST - ZIP **N.M.B., FL 33179 #627**

TITLE **SD**
 NAME **MANULKIN, HAZEL**
 STREET ADDRESS **1770 NE 191ST STREET, #114**
 CITY - ST - ZIP **N MIAMI BCH FL**

TITLE **TD**
 NAME **FELD, MILDRED**
 STREET ADDRESS **1670 NE 191ST STREET, #305**
 CITY - ST - ZIP **N MIAMI BCH FL**

TITLE **RD**
 NAME **DRAPER, ARTHUR**
 STREET ADDRESS **1750 NE 191ST STREET, #128**
 CITY - ST - ZIP **N MIAMI BCH FL**

TITLE **V**
 NAME **DEUTSCHER, EVELYN**
 STREET ADDRESS **1680 NE 191ST STREET, #410**
 CITY - ST - ZIP **N MIAMI BCH FL**

TITLE **#V**
 NAME **GEORGE GERMAN**
 STREET ADDRESS **1750 NE 191ST STREET, #100**
 CITY - ST - ZIP **1750 NE 191st N.M.B., FL 33179**

11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP

21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

949-4816
 DATE

CR2E037 (3/95)