

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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

3. Date Incorporated or Qualified

06/19/1967

3a. Date of Last Report

07/31/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYMAN & KAPLAN PA
44 W FLAGLER ST 14TH FLOOR
COURTHOUSE TOWER
MIAMI FL 33130

81 Name JULIO SANCHEZ
82 Street Address 1720 N.E. 191st STREET
83
84 City N. MIAMI BEACH FL 85 Zip Code 33179

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

4-10-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WELBER, FRED	
STREET ADDRESS	1750 NE 191ST ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MANULKIN, HAZEL	
STREET ADDRESS	1770 NE 191ST STREET, #114	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FELD, MILDRED	
STREET ADDRESS	1670 NE 191ST STREET, #305	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DRAPER, ARTHUR	
STREET ADDRESS	1750 NE 191ST STREET, #128	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEUTSCHER, EVELYN	
STREET ADDRESS	1680 NE 191ST STREET, #410	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BERMAN, GEORGE	
STREET ADDRESS	1770 NW 191ST ST	
CITY-ST-ZIP	N MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Merman, George	#706
1.3 STREET ADDRESS	1770 N.E. 191st ST	
1.4 CITY-ST-ZIP	N. Miami Beach, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brill, Martin	#200
3.3 STREET ADDRESS	1780 N.E. 191st St	
3.4 CITY-ST-ZIP	N. Miami Beach, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	600001796796	
4.4 CITY-ST-ZIP	-04/26/96--01093--001	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	***70.00	
5.4 CITY-ST-ZIP		
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bergman, Izak	#300
6.3 STREET ADDRESS	1750 N.E. 191st St	
6.4 CITY-ST-ZIP	N. Miami Beach, FL	

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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)