


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1720 N E 191 STREET NORTH MIAMI BEACH FL 33179	Mailing Address 1720 N E 191 STREET NORTH MIAMI BEACH FL 33179 US
--	---

3. Date Incorporated or Qualified 06/19/1967	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1220918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**KALLICHE, ANTHONY A.
5201 BLUE LAGOON DR
SUITE #100
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELBER, FRED	1.2 NAME	IZAK BERGMAN
STREET ADDRESS	1750 NE 191 ST., #627	1.3 STREET ADDRESS	1750 NE 191 STREET #300
CITY-ST-ZIP	N. MIAMI BCH. FL	1.4 CITY-ST-ZIP	N. MIAMI BCH, FL 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	MANULKIN, HAZEL	2.2 NAME	
STREET ADDRESS	1770 NE 191ST STREET, #114	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MERMAN, GEORGE	3.2 NAME	
STREET ADDRESS	1770 NE 191 ST #706	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAPER, ARTHUR	4.2 NAME	ROBERT LIBMAN
STREET ADDRESS	1750 NE 191 ST #128	4.3 STREET ADDRESS	1780 NE 191 STREET #506
CITY-ST-ZIP	N MIAMI BCH FL	4.4 CITY-ST-ZIP	N. MIAMI BCH, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGMAN, IZAK	5.2 NAME	MAX PLANCHER
STREET ADDRESS	1750 NE 191ST ST. #300	5.3 STREET ADDRESS	1700 NE 191 STREET
CITY-ST-ZIP	N. MIAMI BCH FL	5.4 CITY-ST-ZIP	N. MIAMI BCH, FL 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **4-14-98 949-4816**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/97)