


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90032 038 \*\*\*\*61.25

**DOCUMENT # 712954**  
1. Entity 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

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_



MOORE CR2E037 (11/03)

4. FEI Number: **59-1220918**  
Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
ROGEL, DAVID  
5201 BLUE LAGOON DR  
SUITE #100  
MIAMI FL 33126

**7. Name and Address of New Registered Agent**  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent. **STILL DAVID ROGEL**  
SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE: 2VPD NAME: SEMSKY, MORRIS STREET ADDRESS: 1690 NE 191 ST., #314 CITY-ST-ZIP: N. MIAMI BCH. FL 33179	<input checked="" type="checkbox"/> Delete
TITLE: CPD NAME: LEFROWITZ, LISA STREET ADDRESS: 1710 NE 191 ST 302 CITY-ST-ZIP: N MIAMI BCH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: RUSSELL, VICKIE STREET ADDRESS: 1750 NE 191 ST., #205 CITY-ST-ZIP: MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE: PD NAME: BERGMAN, IZAK STREET ADDRESS: 1750 NE 191ST ST. #300 CITY-ST-ZIP: N. MIAMI BCH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: WEISZ, TIBOR STREET ADDRESS: 1670 NE 191STSTREET #403 CITY-ST-ZIP: MIAMI FL 33179	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE: 2vpd NAME: Tibor Weisz STREET ADDRESS: 1670 NE 191 Street # 403 CITY-ST-ZIP: N.Miami Bch, Fl 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: Calvin Dirickson STREET ADDRESS: 1660 NE 191 Street #108 CITY-ST-ZIP: N. Miami Bch, Fl 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: 1stVP NAME: Roslyn Depas STREET ADDRESS: 1780 NE 191 Street #803 CITY-ST-ZIP: N. Miami Bch, Fl 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Calvin Dirickson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **3/18/04**  
Daytime Phone #: \_\_\_\_\_