


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90081 007 ****70.00

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1220918		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROGEL, DAVID 5201 BLUE LAGOON DR SUITE #100 MIAMI, FL 33126		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.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD WEISZ, TIBOR 1670 NE 191 STREET #403 N. MIAMI BCH., FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VPD TIBOR Weisz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1670 NE 191 St # 403 N. MIAMI Bch, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS GREY, EVELYN M <input checked="" type="checkbox"/> Delete 1780 NE 191 STREET 507 N MIAMI BCH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.S. LISA LEFKOWITZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1710 NE 191 St # 302 N. Miami Bch, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSSELL, VICKIE <input checked="" type="checkbox"/> Delete 1750 NE 191 ST., #205 MIAMI, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ruth Magaril <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1780 NE 191 St # N. Miami Bch, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIRICKSON, CALVIN <input checked="" type="checkbox"/> Delete 1660 NE 191 STREET 108 N. MIAMI BCH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IZAK BERGMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1750 NE 191 St #300 N. Miami Bch, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP DEPAS, ROSLYN <input checked="" type="checkbox"/> Delete 1780 NE 191 STREET 803 MIAMI, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP Larry Agin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1770 NE 191 St #712 N. Miami Bch, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>X [Signature]</i>		Date: 3/24/05	Daytime Phone #: 305-949-4816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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03182005 Chg-NP CR2E037 (10/03)