


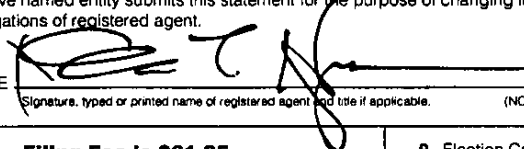
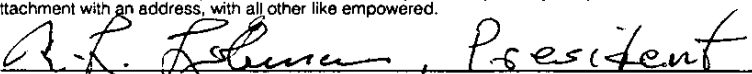
1082

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED.

07 FEB - 7 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		4. FEI Number 59-1220918	
Zip		Country		Applied For Not Applicable	
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 33128				Name MICHAEL HYMAN HYMAN, SPECTOR & MARS, LLP MUSEUM TOWER, 27TH FL 150 WEST FLAGLER STREET MIAMI, FL 33130	
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 				900088061449 02/13/07--01001--007 **\$61.25	
Filing Fee is \$61.25 Due by May 1, 2006				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	WRD	<input checked="" type="checkbox"/> Delete	TITLE	Tibor Weisz	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIZ, TIGOR		NAME	1670 NE 191st #403	
STREET ADDRESS	1670 NE 191 STREET #403		STREET ADDRESS	N. Miami Bch, FL 33179	
CITY-ST-ZIP	N. MIAMI BCH., FL 33179		CITY-ST-ZIP		
TITLE	ES	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEFKOWITZ, LISA		NAME	Robert L. Libman	
STREET ADDRESS	1710 NE 191ST ST #302		STREET ADDRESS	1780 NE 191 St #506	President
CITY-ST-ZIP	N MIAMI BCH, FL 33179		CITY-ST-ZIP	N. Miami Bch, FL 33179	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARIL, RUTH		NAME	Jebbray Modoulet	
STREET ADDRESS	1780 NE 191 ST		STREET ADDRESS	1750 NE 191 St #121	V.P.
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	N. Miami Bch, FL 33179	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGMAN, IZAK		NAME	ANINA VERDE	
STREET ADDRESS	1750 NE 191 ST #300		STREET ADDRESS	1780 NE 191 St #105	V.P.
CITY-ST-ZIP	N. MIAMI BCH, FL 33179		CITY-ST-ZIP	N. Miami Bch, FL 33179	
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	C.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGIN, LARRY		NAME	Kristen Vetter	Secretary
STREET ADDRESS	1770 NE 191 ST #712		STREET ADDRESS	1780 NE 191 St #614	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	N. Miami Bch, FL 33179	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sandra Fox Mosesson	Treasurer
STREET ADDRESS			STREET ADDRESS	1680 NE 191 St #215	
CITY-ST-ZIP			CITY-ST-ZIP	N. Miami Bch, FL 33179	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  President 3/29/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
Daytime Phone #					

Zof



1720 NORTHEAST 191st STREET
NORTH MIAMI BEACH,
FLORIDA 33179
TELEPHONE: 305-949-4816
FAX: 305-949-5950

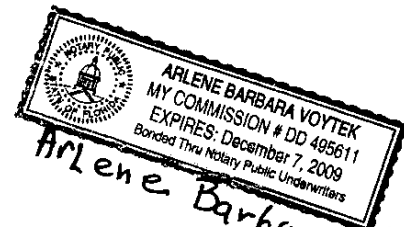
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please correct our Annual Report as follows:

President	Robert Libman ✓ 1780 NE 191 st Street #506 North Miami Beach, FL 33179
1 st Vice President	Jeffrey Moolevliet ✓ 1750 NE 191 st Street #121 North Miami Beach, FL 33179
2 nd Vice President	Babak Naserzare 1780 NE 191 st Street #704 North Miami Beach, FL 33179
Corporate Secretary	Kirsten Vetter ✓ 1780 NE 191 st Street #614 North Miami Beach, FL 33179
Treasurer	Sandra Fox Mosenson ✓ 1680 NE 191 st Street #215 North Miami Beach, FL 33179

Current Registered Agent is: Michael Hyman
150 West Flagler Street
27th Floor – Museum Tower
Miami, FL 33130

Signature: Arlene Barbara Voytek
Notary: 12-7-2009
Date: 1/31/07



Arlene Barbara Voytek