

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT



FILED
07 MAY 11 AM 8:01

STATE OF FLORIDA
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HYMAN, MICHAEL HYMAN, SPECTOR & MARS, LLP 150 W. FLAGLER ST., MUSEUM TOWER, 27TH FL. MIAMI, FL 33130		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Amended AR is \$61.25		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	P Libman LIGMAN, ROBERT 1780 NE 191 STREET, #506 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. Robert L. Libman <input type="checkbox"/> Change <input type="checkbox"/> Addition 1780 N.E. 191 ST #506 N. Miami Beach, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP MOOLEVLIET, JEFFREY 1750 NE 191 STREET, #121 N MIAMI BCH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300103132423 05/24/07--01013--005 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP NASERZARE, BABAK 1780 NE 191 ST #704 NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2 VP Mosenon, Sandra <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1780 NE 191 ST #215 N. Miami Beach, FL. 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VETTER, KIRSTEN 1780 NE 191 ST #614 N. MIAMI BCH, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Clarke, Veronica <input type="checkbox"/> Change <input type="checkbox"/> Addition 1660 NE. 191 St #210 N. Miami Bch, FL. 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOENSON, SANDRA F 1780 NE 191 ST #215 NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T. Rietshel, Iveta <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1670 NE 191 St. # 211 N. Miami Bch, FL - 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>025/22</i> <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 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: <i>Sandra Mosenon</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SANDRA MOENSON	
		Date: 4/17/07	
		Daytime Phone #	