

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712954

FILED
Apr 13, 2009
Secretary of State

Entity Name: JADE WINDS ASSOCIATION, INC.

Current Principal Place of Business:

1720 N E 191 STREET
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1720 N E 191 STREET
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

FEI Number: 59-1220918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANA COSTALES-ABISEID CPA
2750 CORAL WAY #202
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ANA COSTALES-ABISEID CPA
6020 SW 40 STREET
MIAMI, FL 33155 US

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.

SIGNATURE: ANA COSTALES - CPA

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SUAREZ, ERIKA
Address: 1720 NE 191 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: S () Delete
Name: LEVI, LAURA
Address: 1720 N E 191 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: V () Delete
Name: STIO, MINDY
Address: 1720 NE 191 ST.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T () Delete
Name: MAGARIL, RUTH
Address: 1720 N E 191 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: V (X) Delete
Name: MOSENON-FOX, SANDRA
Address: 1720 N E 191 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STIO, MINDY
Address: 1720 NE 191 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: S (X) Change () Addition
Name: JOHNSON, GAIL
Address: 1720 N E 191 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP (X) Change () Addition
Name: WOLOK, MICHAEL
Address: 1720 NE 191 ST.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MINDY STIO

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date