

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jun 01, 2009  
Secretary of State**

DOCUMENT# 712954

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  
6020 SW 40 STREET  
MIAMI, FL 33155 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: STIO, MINDY  
Address: 1720 NE 191 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33179Title: S ( ) Delete  
Name: JOHNSON, GAIL  
Address: 1720 N E 191 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179Title: VP ( ) Delete  
Name: WOLOK, MICHAEL  
Address: 1720 NE 191 ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33179Title: T ( ) Delete  
Name: MAGARIL, RUTH  
Address: 1720 N E 191 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change ( ) Addition  
Name: MICHAEL, WOLOK  
Address: 1720 NE 191 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33179Title: VP (X) Change ( ) Addition  
Name: SANTER, SANDRA  
Address: 1720 N E 191 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179Title: VP (X) Change ( ) Addition  
Name: SANDRA, FOX  
Address: 1720 NE 191 ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33179Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: S ( ) Change (X) Addition  
Name: BALABAN, MARYANNE  
Address: 1720 N E 191 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: MICHAEL WOLOK

P

06/01/2009

Electronic Signature of Signing Officer or Director

Date