

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712954

FILED  
May 16, 2012  
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

**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: VP  
Name: BERGMAN, JESSE  
Address: 1700 NE 191 ST UNIT 102  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: P  
Name: PEREZ, SANTIAGO  
Address: 1690 N E 191 STREET UNIT 214  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP  
Name: FOX, SANDRA  
Address: 1680 NE 191 ST UNIT 215.  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T  
Name: WOLLITZER, THOMAS  
Address: 1770 N E 191 STREET UNIT 612  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: S  
Name: TOLLEFSEN, DONNA  
Address: 1750 N E 191 STREET UNIT 829  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby 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 all other like empowered.

SIGNATURE: SANTIAGO PEREZ

P

05/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date