2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17136

FILED Apr 28, 2009 Secretary of State

Name and Address of Current Registered Agent: LOVETT, W. THOMAS 200 E. ROBINSON ST. 801 N. MAGNOLIA AVE 801 N. MAGNOLIA AVE 90 ORLANDO, FL 32801 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE:	urrent Principal Place of Business: New Principal Place of Business: 039 E IRLO BRONSON HWY SSIMMEE, FL 34744 urrent Mailing Address: New Mailing Address: Name and Address: SSIMMEE, FL 34744 El Number: 59-2772805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () ame and Address of Current Registered Agent: Name and Address of New Registered Agent: New Registered Agent: New Mailing Address: Name and Address of Status Desired () Certificate of Status Desired () Certificate of Status Desired () Address: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Name: Address: Name: Address: O4/28/2009 Electronic Signature of Registered Agent Title: () Change () Addition Name: Address: 1 Title: () Change () Addition Name: Address:	DOCOMENT# 1017 150	Secretary or State
Current Mailing Address: Current Mailing Address: 2039 E IRLO BRONSON HWY KISSIMMEE, FL 34744 FEI Number: 59-2772805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: LOVETT, W. THOMAS 200 E. ROBINSON ST. SUITE 500 ORLANDO, FL 32801 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: O4/28/2009 Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Name: TOBIAS, NIEVES A. Address: City-St-Zip: KISSIMMEE, FL Title: STD () Delete Title: () Change () Addition Name: Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: KISSIMMEE, FL 34743 Title: () Change () Addition Name: Address: City-St-Zip: KISSIMMEE, FL 34743 Title: () Change () Addition Name: Address: City-St-Zip: KISSIMMEE, FL 34743 Title: () Change () Addition Name: Address: City-St-Zip: KISSIMMEE, FL 34743 Title: () Change () Addition Name: Address: City-St-Zip: KISSIMMEE, FL 34743 Title: () Change () Addition Name: Address: City-St-Zip: KISSIMMEE, FL 34743 Title: () Change () Addition Name: Address: City-St-Zip: KISSIMMEE, FL 34743 Title: () Change () Addition Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: Address: City-St-Zip: City-St-Zip: Address: City-St-Zip: City-St-Zip: Address: City-St-Zip: City-St-Zip: Address: City-St-Zip: City-St	Aurrent Mailing Address: New Mailing Address: Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Novett, W. THOMAS No E. ROBINSON ST. DVETT, W. THOMAS No E. ROBINSON ST. DVETT, W. THOMAS No E. ROBINSON ST. DVETT, W. THOMAS No E. ROBINSON ST. DELECTOR OF L. 32801 US RIANDO, FL. 32801 US Re above named entity submits this statement for the purpose of changing its registered agent, or both, the State of Florida. RONATURE: DVETT, W. THOMAS NO E. ROBINSON ST. Electronic Signature of Registered Agent Date PRICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Ide: PD () Delete Inite: () Change () Addition Name: Name: Address: PO, BOX 421984 Address: PO, BOX 421984 Address: PO, BOX 421984 Address: Title: () Change () Addition Name: Address: Title: () Change () Addition Name: Address: Title: () Change () Addition Name: TIMONERA, VICTORIA Address: Title: () Change () Addition Name: TIMONERA, PRECIOSO Title: () Change () Addition Name: Name: Name: Title: () Change () Addition Name: Name: Title: () Change () Addition Name: Name: Name: Title: () Change () Addition Name: Name: Title: () Change () Addition Name: Name:	Entity Name: JADE EAST SUITES CONDOMINIUM ASSOCIA	TION, INC.
Current Mailing Address: 2039 E IRLO BRONSON HWY KISSIMMEE, FL 34744 FEI Number: 59-2772805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: LOVETT, W. THOMAS 200 E. ROBINSON ST. SUITE 500 ORLANDO, FL 32801 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: O4/28/2009 Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: PD () Delete Name: TOBIAS, NIEVES A. Address: P.O. BOX 421984 Address: P.O. BOX 421984 City-St-Zip: KISSIMMEE, FL Title: STD () Delete Name: TIMONERA, VICTORIA Name: Name: Address: 2825 MIDDLETON CIRCLE City-St-Zip: KISSIMMEE, FL 34743 Title: VPD () Delete Name: TIMONERA, PRECIOSO Name: TIMONERA, PRECIOSO Name: Address: City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: TIMONERA, PRECIOSO Name: Address: Cate of Status Desired Name: N	User to the State of Florida. GNATURE: PD	Current Principal Place of Business:	New Principal Place of Business:
2039 E IRLO BRONSON HWY KISSIMMEE, FL 34744 FEI Number: 59-2772805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: LOVETT, W. THOMAS 200 E. ROBINSON ST. SUITE 500 ORLANDO, FL 32801 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: CIALOR SIGNATURE: Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Name: TOBIAS, NIEVES A. Address: P.O. BOX 421964 City-St-Zip: KISSIMMEE, FL City-St-Zip:	And the State of Florida. GNATURE: PD () Delete Title: PD () Delete T		
FEI Number: 59-2772805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: LOVETT, W. THOMAS 200 E. ROBINSON ST. SUITE 500 ORLANDO, FL 32801 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE:	SSIMMEE, FL 34744 El Number: 59-2772805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () ame and Address of Current Registered Agent: DVETT, W. THOMAS DO E. ROBINSON ST. UITE 500 RICANDO, FL 32801 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the State of Florida. GNATURE: D4/28/2009 Electronic Signature of Registered Agent FFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: TOBIAS, NIEVES A. Name: TOBIAS, NIEVES A. Name: Address: P.O. BOX 421964 Address: P.O. BOX 421964 City-St-Zip: Title: TIMONERA, VICTORIA Name: Address: 2825 MIDDLETON CIRCLE Title: VPD () Delete Title: TIMONERA, VICTORIA Name: Address: VPD () Delete Title: TIMONERA, PRECIOSO Name: Address: TIMONERA, PRECIOSO Name: TIMONERA, PRECIOSO Name: Address: TIMONERA, PRECIOSO	Current Mailing Address:	New Mailing Address:
Name and Address of Current Registered Agent: LOVETT, W. THOMAS 200 E. ROBINSON ST. SUITE 500 ORLANDO, FL 32801 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE:	ame and Address of Current Registered Agent: DVETT, W. THOMAS DO E. ROBINSON ST. DVETT, W. THOMAS DO E. ROBINSON ST. DVETT, W. THOMAS DO E. ROBINSON ST. DVETT, W. THOMAS BO1 N. MAGNOLIA AVE ORLANDO, FL 32801 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the State of Florida. GNATURE: Toleronic Signature of Registered Agent FFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: TOBIAS, NIEVES A. Address: TOBIAS, NIEVES A. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TOLES		
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200 E. ROBINSON ST. SUITE 500 ORLANDO, FL 32801 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE:	20 E. ROBINSON ST. UITE 500 RLANDO, FL 32801 US ne above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the State of Florida. GNATURE:	Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: PD () Delete Name: TOBIAS, NIEVES A. Address: P.O. BOX 421964 City-St-Zip: KISSIMMEE, FL Title: STD () Delete Title: VD () Delete Title: VPD () Delete Name: Address: Address: 2825 MIDDLETON CIR Address:	the State of Florida. GNATURE: Electronic Signature of Registered Agent Date	200 E. ROBINSON ST. SUITE 500	801 N. MAGNOLIA AVE
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: PD () Delete Title: () Change () Addition Name: Address: P.O. BOX 421964 Address: City-St-Zip: KISSIMMEE, FL Title: STD () Delete Title: () Change () Addition Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: Title: () Change () Addition Name: Address: 2825 MIDDLETON CIRCLE Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: TIMONERA, PRECIOSO Name: Address: 2825 MIDDLETON CIRC	Electronic Signature of Registered Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Determinent		of changing its registered office or registered agent, or both,
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	y-or-zip. Moonviele, FE 34743 City-ot-zip.	Name: TIMONERA, PRECIOSO	Name:

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: VICTORIA TIMONERA STD 04/28/2009