
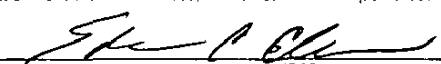


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90159 023 \*\*\*\*61.25

DOCUMENT # N94000001863					
1. Entity Name JADE EAST TOWERS OWNERS ASSOCIATION, INC.					
Principal Place of Business 1018 E. HIGHWAY 98 DESTIN, FL 32541		Mailing Address 1018 E. HIGHWAY 98 DESTIN, FL 32541			
2. Principal Place of Business		3. Mailing Address 12273 Hwy 98			
Suite, Apt. #, etc.		Suite 208			
City & State		City & State Destin FL		4. FEI Number 59-3371709	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32550		Walton		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCOTT, WALTER D 1018 HIGHWAY 98 EAST DESTIN, FL 32541			Name Street Address (P.O. Box Number is Not Acceptable) 12273 Hwy 98 Suite 208 City Destin FL 32550		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASON, JAMES		NAME	Ed Cluck	
STREET ADDRESS	1680 MANHASSETT FARM ROAD		STREET ADDRESS	662 Hwy 98 East #220	
CITY-ST-ZIP	DUNWOODY, GA 30338		CITY-ST-ZIP	Destin, FL 32541	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARFORD, C. E.		NAME		
STREET ADDRESS	5610 EDGEWICK CT.		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77069		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYFIELD, WILLIAM		NAME		
STREET ADDRESS	1391 WESLEY PKWY		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30327		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUST, JERRY		NAME		
STREET ADDRESS	5692 ASHLEY SQ. N.		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38120		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AWBREY, MARK		NAME		
STREET ADDRESS	1219 MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	ROANOKE, AL 36274		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					