2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001863

FILED Apr 07, 2008 Secretary of State

Entity Name: JADE EAST TOWERS OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10221 EMERALD COAST PKWY MIRAMAR BEACH, FL 32550 **New Mailing Address: Current Mailing Address:** 10221 EMERALD COAST PKWY WEST SUITE 23 MIRAMAR BEACH, FL 32550 FEI Number: 59-3371709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELDER, JAY B 10221 EMERALD COAST PKWAY WEST SUITE 23 MIRAMAR BEACH, FL 32550 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MASON, JAMES AWBREY, PAT Name: Name: 1680 MANHASSETT FARM RD Address: 1038 MAIN ST. Address: City-St-Zip: DUNWOODY, GA 30338 City-St-Zip: ROANOKE, AL 36274 Title: PD () Delete Title: () Change () Addition WARFORD, C. E. Name: Name: Address: 5610 EDGEWICK CT. Address: City-St-Zip: HOUSTON, TX 77069 City-St-Zip: Title: () Delete Title: (X) Change () Addition MAYFIELD, WILLIAM RICHARDS, SUSAN Name: Name: 1391 WESLEY PKWY Address: Address: 4445 GALEN COVE City-St-Zip: ATLANTA, GA 30327 City-St-Zip: VESTAVIA HILLS, AL 35242 Title: STD Title: VPD (X) Change () Addition () Delete FAUST, JERRY Name: Name: FAUST, JERRY Address: 5692 ASHLEY SQ. N. Address: 5692 ASHLEY SQ. N. City-St-Zip: MEMPHIS, TN 38120 City-St-Zip: MEMPHIS, TN 38120 Title: () Delete Title: () Change () Addition LATHEM, HOLLIS Name: Name: 1018 HWY 98 E #1040 Address: Address: City-St-Zip: DESTIN, FL 32541 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: CE WARFORD PD 04/07/2008