

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000065

**Entity Name:** CARIBBEAN UNIVERSITIES DEVELOPMENT FOUNDATION INC.**Current Principal Place of Business:**8366 SOUTH STREET  
BOCA RATON, FL 33433**Current Mailing Address:**8366 SOUTH STREET  
BOCA RATON, FL 33433 US**FEI Number:** 39-2078894**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GAMMONA, CHARLES  
8366 SOUTH STREET  
BOCA RATON, FL 33433 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:** CHARLES GAMMONA

03/17/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |  |
|-----------------|--|
| Title           | PD   |
| Name            | TOUSSAINT, CARMEL  |
| Address         | C/O CARIBBEAN UNIVERSITIES<br>DEVELOPMENT FOUNDATION INC.<br>8366 SOUTH STREET |
| City-State-Zip: | BOCA RATON FL 33433  |

|                 |  |
|-----------------|--|
| Title           | TD   |
| Name            | GRAYER, CHARLES  |
| Address         | C/O CARIBBEAN UNIVERSITIES<br>DEVELOPMENT FOUNDATION INC.<br>8366 SOUTH STREET |
| City-State-Zip: | BOCA RATON FL 33433  |

|                 |  |
|-----------------|--|
| Title           | SD   |
| Name            | PAUL, EBED PASTOR  |
| Address         | C/O CARIBBEAN UNIVERSITIES<br>DEVELOPMENT FOUNDATION INC.<br>8366 SOUTH STREET |
| City-State-Zip: | BOCA RATON FL 33433  |

|                 |  |
|-----------------|--|
| Title           | D  |
| Name            | GAMMONA, CHARLES DR.   |
| Address         | C/O CARIBBEAN UNIVERSITIES<br>DEVELOPMENT FOUNDATION INC.<br>8366 SOUTH STREET |
| City-State-Zip: | BOCA RATON FL 33433  |

*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:** CHARLES GAMMONA**EXECUTIVE DIRECTOR**

03/17/2019

Electronic Signature of Signing Officer/Director Detail

Date