

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N05000010339

1. Entity Name  
FRIENDS OF PETIT-GOAVE, INC.



Principal Place of Business  
1825 FOREST HILL BLVD SUITE 101  
WEST PALM BEACH, FL 33406-6075

Mailing Address  
1825 FOREST HILL BLVD SUITE 101  
WEST PALM BEACH, FL 33406-6075

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
83-0440836

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MONICE, JEAN Y  
1825 FOREST HILL BLVD SUITE 101  
WEST PALM BEACH, FL 33406-6075

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MONICE, JEAN Y
STREET ADDRESS	1825 FOREST HILL BLVD SUITE 101
CITY-ST-ZIP	WEST PALM BEACH, FL 334066075
TITLE	VP
NAME	MICHEL-CHOW, JACQUELINE
STREET ADDRESS	21041 NE 13 PL
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33179
TITLE	T
NAME	HYPPOLITE, EMMANUEL
STREET ADDRESS	350 NE 151 ST.
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33162
TITLE	S
NAME	LEMONIER, YANICK
STREET ADDRESS	2660 LAGUNA WAY
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000954555  
07/14/08-80007-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 links empowered.

SIGNATURE:

*Yanick Lemonier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/07/2008 305 409 6160  
Date Daytime Phone