

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725758

**FILED  
Mar 17, 2015  
Secretary of State  
CC3652121078**

**Entity Name:** THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED

**Current Principal Place of Business:**

25 E 4TH STREET  
HIALEAH, FL 33010

**Current Mailing Address:**

25 E 4TH STREET  
HIALEAH, FL 33010 US

**FEI Number: 59-1715840**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DEL MONTE, HELENA  
25 EAST 4 STREET  
HIALEAH, FL 33010 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

**Officer/Director Detail :**

Title DP  
Name ALONSO-POCH, MANUEL  
Address 3138 COMMODORE PLAZA  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name RAMIREZ, JOSIE  
Address 1200 S. ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33146

Title ED  
Name DEL MONTE, HELENA  
Address 25 E 4TH STREET  
City-State-Zip: HIALEAH FL 33010

Title D  
Name PERRY, WILLIAM  
Address 340 NE 94TH STREET  
City-State-Zip: MIAMI SHORES, FL 33140

Title D  
Name SHEA, SEAN  
Address 1053 NE 95TH STREET  
City-State-Zip: MIAMI BEACH FL 33138

Title TD  
Name BARROS, PIEDAD  
Address 869 SW 107TH AVE  
City-State-Zip: MIAMI FL 33174

*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: HELENA DEL MONTE**

**CEO**

**03/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date