

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001171

**Entity Name:** AMERICAN UNIVERSITY OF THE CARIBBEAN, INC.

**Current Principal Place of Business:**

RT NATIONAL #2  
LES CAYES, SUD 8110

**FILED**  
**Feb 18, 2018**  
**Secretary of State**  
**CC1679285201**

**Current Mailing Address:**

100 AIRPORT AVE  
CAY-26395  
VENICE, FL 34285 US

**FEI Number: 85-0322460**

**Certificate of Status Desired: Yes**

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

VROOMAN, JOHN  
100 AIRPORT AVE  
CAY-26395  
VENICE, FL 34285 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 D  
Name MERVILLE, FANEL  
Address 9 FLORAL LANE  
City-State-Zip: TRUMBULL CT 06611

Title D  
Name DUCLONA, PIERRE  
Address RT NATIONAL 2  
City-State-Zip: LES CAYES SU HT811

Title D  
Name TOULOUTE, PAUL  
Address 100 AIRPORT AVE. E  
CAY-26395  
City-State-Zip: VENICE FL 34285

Title D  
Name VROOMAN, JOHN  
Address 100 AIRPORT AVENUE  
City-State-Zip: VENICE FL 34285

Title D  
Name ALBERTSON, DOUGLAS  
Address 280 NORTH STREET  
City-State-Zip: BELCHERTOWN MA 01007

Title D  
Name DAVIS, PAUL  
Address 2 OLD STAGE ROAD  
City-State-Zip: WEST HATFIELD MA 01088

Title D  
Name SIMILIEN, ARSENE  
Address RUE NATIONAL #2  
City-State-Zip: LES CAYES SU HT 8110 HT

*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: JOHN VROOMAN**

**REGISTERED AGENT**

**02/18/2018**

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

\_\_\_\_\_  
Date