

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010015

**Entity Name:** LEOGANE UNITED INC**Current Principal Place of Business:**878 BELMONT DRIVE  
WEST PALM BEACH, FL 33415**Current Mailing Address:**878 BELMONT DRIVE  
WEST PALM BEACH, FL 33415**FEI Number:** 27-3719277**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHARLES, WINSOR  
878 BELMONT DRIVE  
WEST PALM BEACH, FL 33415 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	P
Name	CHARLES, WINSOR
Address	878 BELMONT DRIVE
City-State-Zip:	WEST PALM BEACH FL 33415

Title	VP
Name	EXANTUS, HILAIRE
Address	15804 NE 13TH AVE
City-State-Zip:	MIAMI FL 33162

Title	OFF
Name	ST FORT, JEAN
Address	834 NW 39TH AVE
City-State-Zip:	DELRAY BEACH FL 33445

Title	OFF
Name	SAINT HILAIRE, JOSEPH J
Address	5666 LINCOLN CIR E
City-State-Zip:	LAKE WORTH FL 33463

Title	OFF
Name	JEAN, MARIE ALCIONNE
Address	645 IVES DAIRY RD
City-State-Zip:	MIAMI FL 33179

*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:** WINSOR CHARLES

PRESIDENT

04/01/2016

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