DOCUMENT# N15000003163
Entity Name: ASSOCIATION FOR DEVELOPMENT OF PETITE-DESDUNES, HAITI INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business: 453 SW 4TH AVE BOYNTON BEACH, FL 33435-4834

## **Current Mailing Address:**

453 SW 4TH AVE BOYNTON BEACH, FL 33435-4834

## FEI Number: 47-4343272

### Name and Address of Current Registered Agent:

JEAN, EMIER 116 TARA LAKE DR W BOYNTON BEACH, FL 33436 US Certificate of Status Desired: Yes

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

# **Officer/Director Detail :**

Title	Р	Title	VP	
Name	JEAN, EMIER	Name	THOMAS, JEAN	
Address	116 TARA LAKE DR W	Address	5810 NW ALLYSE DR	
City-State-Zip:	BOYNTON BEACH FL 33436	City-State-Zip:	PORT ST LUCIE FL 34986	
Title	SECRETARY	Title	т	
Name	THELEMAQUE, KETELIN	Name	SIMILIEN, BODELER	
Address	6037 WESTFALL RD	Address	4204 NW 76 AVE	
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	CORAL SPRINGS FL 33065	
Title	0	Title	0	
Name	PIERRE, SAUL	Name	SAINT PIERRE, JOSEPH	
Address	453 SW 4TH AVE	Address	458 SW 2ND AVE	
City-State-Zip:	BOYNTON BEACH FL 33435	City-State-Zip:	BOYNTON BEACH FL 33435	
Title	COORDINATOR			

TitleCOORDINATORNameDELVA, EXANTEAddress219 RD STREET EASTCity-State-Zip:BRADENTON FL 34208

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: KETELIN THELEMAQUE

SECRETARY

04/22/2016

Date

Electronic Signature of Signing Officer/Director Detail

Date