## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000003163

Entity Name: ASSOCIATION FOR DEVELOPMENT OF PETITE-DESDUNES,

HAITI INC.

Mar 29, 2019 Secretary of State 0665393408CC

**FILED** 

#### **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 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

JEAN, EMIER 116 TARA LAKE DR W BOYNTON BEACH, FL 33436 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 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 T

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 O Title C

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
Name DELVA, EXANTE

Address 219 RD STREET EAST

City-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** 

03/29/2019