

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000003163

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

FILED
Apr 08, 2024
Secretary of State
7246588637CC

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: No

Name and Address of Current Registered Agent:

KETELIN, THELEMAQUE
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: KETELIN THELEMAQUE

04/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name JEAN, EMIER
Address 116 TARA LAKE DR W
City-State-Zip: BOYNTON BEACH FL 33436

Title VP
Name THOMAS, JEAN
Address 5810 NW ALLYSE DR
City-State-Zip: PORT ST LUCIE FL 34986

Title SECRETARY
Name THELEMAQUE, KETELIN
Address 6037 WESTFALL RD
City-State-Zip: LAKE WORTH FL 33463

Title T
Name SIMILIEN, BODELER
Address 4204 NW 76 AVE
City-State-Zip: CORAL SPRINGS FL 33065

Title O
Name PIERRE, SAUL
Address 453 SW 4TH AVE
City-State-Zip: BOYNTON BEACH FL 33435

Title O
Name SAINT PIERRE, JOSEPH
Address 458 SW 2ND AVE
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

S

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date