FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746877 (0)

1. Corporation Name
LES CHALETS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
2247 S.W. 105 COURT
MIAMI FL 33165

Mailing Address
P.O. BOX 653135
MIAMI FL 33265-3135
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1979
3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-2266500 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 ___ Suite, Apt #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address 26 ___ Suite, Apt #, etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KALLICHE, ANTHONY A
BECKER & POLIAKOFF, P.A.
6161 BLUE LAGOON DR, STE 250
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEGOVIA, JAIME C.
STREET ADDRESS	2247 S.W. 105 COURT
CITY-ST-ZIP	MIAMI FL 33165
TITLE	VD
NAME	SUAREZ, JOSE
STREET ADDRESS	2318 S.W. 106 COURT
CITY-ST-ZIP	MIAMI FL 33165
TITLE	SD
NAME	PU345A, ELVIRA
STREET ADDRESS	2247 SW 105 COURT
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	TROETSCH, ALEJANDRO
STREET ADDRESS	2310 S.W. 106 COURT
CITY-ST-ZIP	MIAMI FL 33165
TITLE	D
NAME	ABALMASEDA, PASTOR
STREET ADDRESS	2030 SW 106 COURT
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	SUAREZ, JOSE
STREET ADDRESS	10631 S.W. 23 TERRACE
CITY-ST-ZIP	MIAMI FL 33165

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Segovia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/95 Date
305-559-4008 Daytime Phone #

0073014