

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **746877** (0)  
1. Corporation Name  
**LES CHALET'S 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**

3. Date Incorporated or Qualified: **04/24/1979**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2266500**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

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  
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required w/ or w/o reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGOVIA, JAIME C.</b>	1.2 NAME	
STREET ADDRESS	<b>2247 S.W. 105 COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUAREZ, JOSE</b>	2.2 NAME	
STREET ADDRESS	<b>2318 S.W. 106 COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PU345A, ELVIRA</b>	3.2 NAME	
STREET ADDRESS	<b>2247 SW 105 COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROETSCH, ALEJANDRO</b>	4.2 NAME	
STREET ADDRESS	<b>2310 S.W. 106 COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABALMASEDA, PASTOR</b>	5.2 NAME	
STREET ADDRESS	<b>2030 SW 106 COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SUAREZ, JOSE</b>	6.2 NAME	
STREET ADDRESS	<b>10631 S.W. 23 TERRACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	6.4 CITY-ST-ZIP	

**D**  
**Lima, Juan E.**  
**10632 S.W. 23 TERR.**  
**Miami, FL 33165**  
**D**  
**Alvarez, Fernando**  
**10642 S.W. 23 TERR.**  
**Miami, FL 33165**

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 in an attachment with an address.

SIGNATURE: *Alejandro Troetsch* DATE: **4/1/96** (305) 221 8568  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)