


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91016 012 ****61.25

DOCUMENT # 746877
1. Entity Name
LES CHALETS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 10642 SW 23RD TERR MIAMI, FL 33165 US	Mailing Address P.O. BOX 653135 MIAMI, FL 33265-3135 US 2500 NW 97 AVE Suite 200 MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE

03262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2266500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROOP, S.P. M.
2500 NW 97TH AVENUE
STE 200
MIAMI, FL 33172

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARINAS, RAUL 10511 S.W. 20 TERR. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREZ, DILMA 10511 S.W. 20 TERR. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORENO, NAOMI 10521 S.W. 23 TER. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRER, RAMON 10642 S.W. 22 LANE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, FRANCISCO 10531 S.W. 20 TER. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, JESUS 2041 S.W. 106 CT. MIAMI, FL 33165

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: 4/15/04 Daytime Phone #: 305-444-6757