


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90059 023 ****61.25

DOCUMENT # 746877 1. Entity Name LES CHALETS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2200 NW 102 AVENUE SUITE 5 DORAL, FL 33172 US			Mailing Address 2200 NW 102 AVE SUITE 5 DORAL, FL 33172 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPM GROUP, INC. 2200 NW 102 AVE, SUITE 5 DORAL, FL 33172				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
40. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		<input type="checkbox"/> Delete		
NAME	GARCIA, LUCY		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	10642 SW 22 TERRACE		TITLE		
CITY - ST - ZIP	MIAMI, FL 33165		NAME		
TITLE	VPD		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINEZ, NELSON		STREET ADDRESS		
STREET ADDRESS	10652 SW 21 LANE.		CITY - ST - ZIP		
CITY - ST - ZIP	MIAMI, FL 33165		TITLE		
TITLE	TD		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TROETSCH, ALEJANDRO		NAME		
STREET ADDRESS	2310 SW 105 COURT		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33165		CITY - ST - ZIP		
TITLE	SD		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRADES, LISANDRA		NAME		
STREET ADDRESS	10632 SW 22 LANE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33165		CITY - ST - ZIP		
TITLE	D		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRAKE, GUADALUPE		NAME		
STREET ADDRESS	10641 SW 21 LANE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33165		CITY - ST - ZIP		
TITLE	D		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINEZ, DOLORES		NAME		
STREET ADDRESS	10602 SW 22 TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33165		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.					
SIGNATURE: <u>Lucy Garcia</u> <u>Pre</u> <u>1/29/08</u> <u>305-226-4006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <u>1/29/08</u> <small>Daytime Phone #</small> <u>305-226-4006</u>					