

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746877

FILED  
Jun 06, 2009  
Secretary of State

**Entity Name:** LES CHALETS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2200 NW 102 AVENUE  
SUITE 5  
DORAL, FL 33172 US

**New Principal Place of Business:**

1450 NW 87 AVENUE  
SUITE 204  
DORAL, FL 33172 US

**Current Mailing Address:**

2200 NW 102 AVE  
SUITE 5  
DORAL, FL 33172 US

**New Mailing Address:**

1450 NW 87 AVENUE  
SUITE 204  
DORAL, FL 33172 US

**FEI Number:** 59-2266500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPM GROUP, INC.  
2200 NW 102 AVE,  
SUITE 5  
DORAL, FL 33172 US

**Name and Address of New Registered Agent:**

EISINGER, BROWN, LEWIS & FRANKEL, PA  
4000 HOLLYWOOD BLVD  
SUITE 265 SOUTH  
HOLLYWOOD, FL 33019 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: DENNIS EISINGER

06/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GARCIA, LUCY  
Address: 10642 SW 22 TERRACE  
City-St-Zip: MIAMI, FL 33165

Title: VPD ( ) Delete  
Name: MARTINEZ, NELSON  
Address: 10652 SW 21 LANE.  
City-St-Zip: MIAMI, FL 33165

Title: TD ( ) Delete  
Name: TROETSCH, ALEJANDRO  
Address: 2310 SW 105 COURT  
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete  
Name: FRADES, LISANDRA  
Address: 10632 SW 22 LANE  
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete  
Name: DRAKE, GUADALUPE  
Address: 10641 SW 21 LANE  
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete  
Name: MARTINEZ, DOLORES  
Address: 10602 SW 22 TERRACE  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LUCY GARCIA

PD

06/06/2009

Electronic Signature of Signing Officer or Director

Date