2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746877

1. Entity Name

LES CHALETS HOMEOWNERS ASSOCIATION, INC.



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90135 029 ****61.25

STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 TITLE SD GARCIA, LUCY STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 TITLE NAME GARCIA, LUCY STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP MIAMI FL 33165 TITLE D Change Addition STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP MIAMI FL 33165 Delete TITLE D Change Addition NAME Fernances, Jesus	LES UNA	ILEIS HOI	MECANNEUS HOOOL	DIATION, INC.	184						
Suite, Apt. #, etc. Suite. Suite. Apt. #, etc. CHECK HERE # MAKING CHANGES City & State Chry & State A. FEI Number 59-226500 Applied for Mol Applied for Mo	10642 SW 23RD TERR MIAMI FL 33165			P.O. BOX 653135 MIAMI FL 33265-3135				e gegy en e		.•	
City & State Country S. Contilidate of Statue Dealind See Required See	2. Principal	Place of Busin	ess	3. Mailing Address	Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name Can Address of New Registered Agent Fee Required 6. Name and Address of Current Registered Agent Name Can Address of New Registered Agent Name Can Address of New Registered Agent Name Can Address (P.D. Bax Number is Not Acceptable) 5. Street Address (P.D. Bax Number is Not Acceptable) 5. City FL Zip Code 6. The above named erisk submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept free collegations of registered agent. 6. The above named erisk 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 free collegations of registered agent. 6. The above named erisk 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 free collegations of registered agent. 6. The above named erisk 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 free free collegations of registered agent. 6. The above named erisk 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 free free collegations of registered agent. 6. The above named erisk submits this statement for the purpose of changing its registered agent. 6. The above named erisk submits this statement for the purpose of changing its registered agent. 6. The above named erisk submits this statement for the purpose of changing its registered agent. 7. Above named erisk submits this statement for the purpose of changing its registered agent. 7. Above named erisk submits this statement for the purpose of changing its registered agent.	Suite, Apt	t. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
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STORMANDER T. 33172 City FL Zip Code 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 fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine of Florida fine of Florida fine obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept fine obligations of Florida fine of F					l Na	ame	_				
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Thereby certify that the information supplied with this filing does not quality 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 THE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

21803

305-444-6757