

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746877

Entity Name: LES CHALETS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1500 NW 89 COURT
SUITE 202
DORAL, FL 33172**Current Mailing Address:**1500 NW 89 COURT
SUITE 202
DORAL, FL 33172 US**FEI Number:** 59-2266500**Certificate of Status Desired:** No**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VIDAL, ICXE
Address 1500 NW 89 COURT
 SUITE 202
City-State-Zip: DORAL FL 33172

Title SECRETARY
Name RODRIGUEZ, YASSER
Address 1500 NW 89 COURT
 SUITE 202
City-State-Zip: DORAL FL 33172

Title VP
Name FRADE, LISANDRA
Address 1500 NW 89 COURT
 SUITE 202
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name FERRAN, RAMON
Address 1500 NW 89 COURT
 SUITE 202
City-State-Zip: DORAL FL 33172

Title TREASURER
Name TROETSCH, ALEJANDRO
Address 1500 NW 89 COURT
 SUITE 202
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name GAUNTLETT, JUAN A
Address 1500 NW 89 COURT
 SUITE 202
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name ALVAREZ IGLESIAS, ALICIA
Address 1500 NW 89 COURT
 SUITE 202
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name FERNANDEZ, RAFAEL
Address 1500 NW 89 CT
 SUITE 202
City-State-Zip: DORAL FL 33172

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I hereby 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 all other like empowered.

SIGNATURE: ICXE VIDAL**PRESIDENT****01/19/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RAMOS , MELISSA
Address 1500 NW 89 CT
 SUITE 202
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name ALVAREZ, ELSA
Address 1500 NW 89 COURT
 SUITE 202
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name CABALLERO, SILVIA
Address 1500 NW 89 COURT
 SUITE 202
City-State-Zip: DORAL FL 33172