

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746877

Entity Name: LES CHALETS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1450 NW 87 AVENUE
SUITE 204
DORAL, FL 33172**Current Mailing Address:**1450 NW 87 AVENUE
SUITE 204
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	PD	Title	VPD
Name	GARCIA, LUCY	Name	MARTINEZ, NELSON
Address	10642 SW 22 TERRACE	Address	10652 SW 21 LANE.
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165
Title	TD	Title	SD
Name	TROETSCH, ALEJANDRO	Name	FRADES, LISANDRA
Address	2310 SW 105 COURT	Address	10632 SW 22 LANE
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165
Title	D	Title	D
Name	DRAKE, GUADALUPE	Name	MARTINEZ, DOLORES
Address	10641 SW 21 LANE	Address	10602 SW 22 TERRACE
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

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: LUCY GARCIA**PRESIDENT****05/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date