

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746877

**FILED**  
**Jan 19, 2020**  
**Secretary of State**  
**2235694898CC**

**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            GARCIA, LUCY  
Address        1500 NW 89 COURT  
                 SUITE 202  
City-State-Zip: DORAL FL 33172

Title            TREASURER  
Name            FERNANDEZ, JOSE LUIS  
Address        1500 NW 89 COURT  
                 SUITE 202  
City-State-Zip: DORAL FL 33172

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

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

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

*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**

**01/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date