2019 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

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

Officer/Director Detail

Officer/Director Detail :					
PRESIDENT	Title	TREASURER			
GARCIA, LUCY	Name	FERNANDEZ, JOSE LUIS			
1500 NW 89 COURT SUITE 202	Address	1500 NW 89 COURT SUITE 202			
DORAL FL 33172	City-State-Zip:	DORAL FL 33172			
SECRETARY	Title	VP			
FRESNEDA, FRAYDA	Name	GAUNTLETT, JUAN A			
1500 NW 89 COURT SUITE 202	Address	1500 NW 89 COURT SUITE 202			
DORAL FL 33172	City-State-Zip:	DORAL FL 33172			
DIRECTOR	Title	DIRECTOR			
FRADE, LISANDRA	Name	ALVAREZ IGLESIAS, ALICIA			
1500 NW 89 COURT SUITE 202	Address	1500 NW 89 COURT SUITE 202			
DORAL FL 33172	City-State-Zip:	DORAL FL 33172			
DIRECTOR					
DRAKE, GUADALUPE					
1500 NW 89 COURT SUITE 202					
DORAL FL 33172					
	PRESIDENT GARCIA, LUCY 1500 NW 89 COURT SUITE 202 DORAL FL 33172 SECRETARY FRESNEDA, FRAYDA 1500 NW 89 COURT SUITE 202 DORAL FL 33172 DIRECTOR FRADE, LISANDRA 1500 NW 89 COURT SUITE 202 DORAL FL 33172 DIRECTOR DRAKE, GUADALUPE 1500 NW 89 COURT SUITE 202	PRESIDENTTitleGARCIA, LUCYName1500 NW 89 COURTAddressSUITE 202City-State-Zip:DORAL FL 33172City-State-Zip:SECRETARYTitleFRESNEDA, FRAYDAName1500 NW 89 COURTAddressSUITE 202City-State-Zip:DORAL FL 33172City-State-Zip:DIRECTORTitleFRADE, LISANDRAName1500 NW 89 COURTAddressSUITE 202City-State-Zip:DIRECTORTitleFRADE, LISANDRAName1500 NW 89 COURTAddressSUITE 202City-State-Zip:DORAL FL 33172City-State-Zip:DIRECTORLity-State-Zip:DIRECTORSuite -Zip:DIRECTORSuite -Zip:DIRECTORLity-State-Zip:DIRECTORSuite -Zip:DIRAKE, GUADALUPESuite -Zip:1500 NW 89 COURTSuite -Zip:			

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	E: LUCY GARCIA	PRESIDENT	01/29/2019
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Jan 29, 2019 Secretary of State 8162253125CC

Certificate of Status Desired: No

Date