

2021 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	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

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****04/06/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date