FILED
Jul 08, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 734948

1. Entity Name
LECHALET HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8229 ROSE MARIE AVE , W BOYNTON BEACH, FL 33437-1020 US	PO BOX 243315 BOYNTON BEACH, FL 33424-3315 US

DO NOT WRITE IN THIS SPACE

07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1784441

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOTILLO AND COMPANY
6605 SOUTH DIXIE HWY STE 200
WEST PALM BCH, FL 33405

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABBOTT, MARSHALL
STREET ADDRESS	5053 ST JOHN AVE NORTH
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	T
NAME	WOLF, CHARLES
STREET ADDRESS	8229 ROSE MARIE AVE W
CITY-ST-ZIP	BOYNTON BCH., FL
TITLE	VP
NAME	STIEN, GEORGE JR
STREET ADDRESS	5069 ST JOHN AVE NORTH
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	S
NAME	FALVEY, SUSAN
STREET ADDRESS	8082 ROSE MARIE AVE. WEST
CITY-ST-ZIP	BOYNTON BCH, FL
TITLE	D
NAME	FRIEDMAN, JANN
STREET ADDRESS	8101 ROSE MARIE CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	D
NAME	LOCKHART, CHRISTINE
STREET ADDRESS	5421 ROSE MARIE AVE N
CITY-ST-ZIP	BOYNTON BEACH, FL

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07/08/05-80010-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES C.WOLF Charles C. Wolf 7-6-05 561-7869379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #