

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734948

FILED
Mar 09, 2009
Secretary of State

Entity Name: LECHALET HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8229 ROSE MARIE AVE., W
BOYNTON BEACH, FL 334371020 US

New Principal Place of Business:

5053 ST. JOHN AVE N.
BOYNTON BEACH, FL 33472 US

Current Mailing Address:

PO BOX 243315
BOYNTON BEACH, FL 334243315 US

New Mailing Address:

FEI Number: 59-1784441 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABBOTT, MARSHALL
Address: 5053 ST JOHN AVE NORTH
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: ARCE, ALEX
Address: 8068 ST JOHN AVE NORTH
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: STIEN, GEORGE JR
Address: 5069 ST JOHN AVE NORTH
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S () Delete
Name: FALVEY, SUSAN
Address: 8082 ROSE MARIE AVE. WEST
City-St-Zip: BOYNTON BCH, FL

Title: D () Delete
Name: FRIEDMAN, JANN
Address: 8101 ROSE MARIE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: LOCKHART, CHRISTINE
Address: 5421 ROSE MARIE AVE N
City-St-Zip: BOYNTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARSHALL ABBOTT

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date