

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000044

FILED
Jan 17, 2009
Secretary of State

Entity Name: LES CHALETS II AT INTERNATIONAL PARK HOMEOWNERS MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 654133
MIAMI, FL 33265 US

New Principal Place of Business:

18 STREET 123 COURT
MIAMI, FL 33175 US

Current Mailing Address:

P.O. BOX 654133
MIAMI, FL 33265 US

New Mailing Address:

FEI Number: 65-0392999 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAMACHO, JOSE R
12249 SW 18 TERRACE
MIAMI, FL 33175 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: T () Delete
Name: HERNANDEZ, BEATRICE
Address: 12249 S.W. 18 TERR.
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: GLAYSA, ALONSO
Address: 1926 SW 123 AVE
City-St-Zip: MIAMI, FL 331751167

Title: D () Delete
Name: MENENDEZ, PEDRO J
Address: 1921 S.W. 123 AVE.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: URESTE, OLGA I
Address: 1921 SW 120 AVE
City-St-Zip: MIAMI, FL 33175

Title: V () Delete
Name: MAYOLI ARMANDO,
Address: 1937 SW 123 AVE.
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: CASIANO, SIGMARIS
Address: 1937 SE 123 AVE
City-St-Zip: MIAMI, FL 331751168

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: P (X) Change () Addition
Name: CASIANO, SIGMARIS
Address: 1937 SW 123 AVE
City-St-Zip: MIAMI, FL 331751168

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: BEATRICE HERNANDEZ

TR

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date