

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002179

Entity Name: BAY ISLE AT BLACK LAKE HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 25, 2017
Secretary of State
CC2842872075**Current Principal Place of Business:**HARA COMMUNITY 1ST ADVISORS
760 FLORIDA CENTRAL PKWY SUITE # 212
LONGWOOD, FL 32750**Current Mailing Address:**C/O HARA COMMUNITY 1ST ADVISORS
760 FLORIDA CENTRAL PKWY SUITE # 212
LONGWOOD, FL 32750 US**FEI Number:** 03-0454886**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARA COMMUNITY 1ST ADVISORS, LLC
760 FLORIDA CENTRAL PKWY
SUITE # 212
LONGWOOD, FL 32750 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:** RICHARD N. MICHAUD**04/25/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	SEWSANKAR, HARNAUTH
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE # 212
City-State-Zip:	LONGWOOD FL 32750

Title	VP
Name	MCGOWAN, GREGORY
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE # 212
City-State-Zip:	LONGWOOD FL 32750

Title	PRESIDENT
Name	GALLARELLI, MARK
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE # 212
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	HILINSKI, DUSTIN
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE # 212
City-State-Zip:	LONGWOOD FL 32750

Title	SECRETARY
Name	WENGERT, ALLISON LEHR
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE # 212
City-State-Zip:	LONGWOOD FL 32750

Title	TREASURER
Name	LIM, ABRAHAM
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE # 212
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	OWENS, BARBARA G
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE # 212
City-State-Zip:	LONGWOOD FL 32750

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 seal, that I am an officer, director, or authorized agent of 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: MARK GALLARELLI

PRESIDENT

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date