

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005020

Entity Name: SOUTHCHASE PHASE 1A PARCELS 12, 14 AND 15
HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 19, 2024
Secretary of State
6794115009CC**Current Principal Place of Business:**C/O HMI
760 FLORIDA CENTRAL PKWY # 200
LONGWOOD, FL 32750**Current Mailing Address:**C/O HMI
760 FLORIDA CENTRAL PKWY # 200
LONGWOOD, FL 32750 US**FEI Number: 59-3578380****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HMI
C/O HMI
760 FLORIDA CENTRAL PKWY # 200
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: LORIE FULKES****02/19/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** TREASURER
Name JORDAN, KIMLY
Address C/O HMI
760 FLORIDA CENTRAL PKWY # 200
City-State-Zip: LONGWOOD FL 32750**Title** DIRECTOR
Name LOUIYNE, JAMAL
Address C/O HMI
760 FLORIDA CENTRAL PKWY # 200
City-State-Zip: LONGWOOD FL 32750**Title** PRESIDENT
Name PEREZ, ORLANDO
Address C/O HMI
760 FLORIDA CENTRAL PKWY # 200
City-State-Zip: LONGWOOD FL 32750**Title** SECRETARY
Name VELASQUEZ, JIMMY
Address C/O HMI
760 FLORIDA CENTRAL PKWY # 200
City-State-Zip: LONGWOOD FL 32750**Title** VP
Name BUCHOLC, BERNARD
Address C/O HMI
760 FLORIDA CENTRAL PKWY # 200
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 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: ORLANDO PEREZ**PRESIDENT****02/19/2024**

Electronic Signature of Signing Officer/Director Detail

Date