

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N98000005020

**Entity Name:** SOUTHCHASE PHASE 1A PARCELS 12, 14 AND 15  
HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O HARA COMMUNITY 1ST ADVISORS LLC  
760 FLORIDA CENTRAL PKWY # 212  
LONGWOOD, FL 32750

**Current Mailing Address:**

C/O HARA COMMUNITY 1ST ADVISORS LLC  
760 FLORIDA CENTRAL PKWY # 212  
LONGWOOD, FL 32750 US

**FEI Number:** 59-3578380

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARA COMMUNITY 1ST ADVISORS LLC  
C/O HARA COMMUNITY 1ST ADVISORS LLC  
760 FLORIDA CENTRAL PKWY # 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

11/23/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SILVA, DAVID SR.  
Address        C/O HARA COMMUNITY 1ST  
                  ADVISORS LLC  
                  760 FLORIDA CENTRAL PKWY # 212  
City-State-Zip: LONGWOOD FL 32750

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

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

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

Title            SECRETARY  
Name            VENNETTI, REBECCA  
Address        C/O HARA COMMUNITY 1ST  
                  ADVISORS LLC  
                  760 FLORIDA CENTRAL PKWY # 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 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:** DAVID SILVA

**PRESIDENT**

11/23/2016

