

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005020

**Entity Name:** SOUTHCHASE PHASE 1A PARCELS 12, 14 AND 15  
HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Mar 11, 2019**  
**Secretary of State**  
**7653138097CC****Current Principal Place of Business:**HARA COMMUNITY 1ST ADVISORS, LLC  
760 FLORIDA CENTRAL PKWY #200  
LONGWOOD, FL 32750**Current Mailing Address:**C/O HARA COMMUNITY 1ST ADVISORS  
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:**HARA COMMUNITY 1ST ADVISORS, LLC  
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****03/11/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           JORDAN, KIMLY  
Address        C/O HARA COMMUNITY 1ST  
                  ADVISORS  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

Title           DIRECTOR  
Name           LOUIYNE, JAMAL  
Address        C/O HARA COMMUNITY 1ST  
                  ADVISORS  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

Title           VP  
Name           PEREZ, ORLANDO  
Address        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  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

Title           PRESIDENT  
Name           BUCHOLC, BERNARD  
Address        C/O HARA COMMUNITY 1ST  
                  ADVISORS  
                  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: BERNARD BUCHOLC****PRESIDENT****03/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date