

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005822

**Entity Name:** HIGHLANDS PROFESSIONAL CENTER MANAGEMENT ASSOCIATION, INC.

**FILED**  
**Apr 17, 2018**  
**Secretary of State**  
**CC3668396403**

**Current Principal Place of Business:**

3233 SW 33RD RD.  
STE. #201  
OCALA, FL 34474-7459

**Current Mailing Address:**

C/O AUTUMN MANAGEMENT LLC  
P.O. BOX 3644  
OCALA, FL 34478 US

**FEI Number: 65-0768749**

**Certificate of Status Desired: No**

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

AUTUMN MANAGMENT LLC  
C/O AUTUMN MANAGEMENT LLC  
P.O. BOX 3644  
OCALA, FL 34478 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: ANN CHAFFIN**

**04/17/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name FOSTER, MARK  
Address C/O AUTUMN MANAGEMENT LLC  
P.O. BOX 3644  
City-State-Zip: OCALA FL 34478

Title TD  
Name HUQ, NASIRUL MD  
Address C/O AUTUMN MANAGEMENT LLC  
P.O. BOX 3644  
City-State-Zip: OCALA FL 34478

Title PD  
Name HOLLOWAY, MICHAEL  
Address C/O AUTUMN MANAGEMENT LLC  
P.O. BOX 3644  
City-State-Zip: OCALA FL 34478

*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: MICHAEL HOLLOWAY**

**PRESIDENT**

**04/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date