

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005822

Entity Name: HIGHLANDS PROFESSIONAL CENTER MANAGEMENT ASSOCIATION, INC.

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

04/30/2021

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

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date