

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001505

Entity Name: HIGHLAND RIDGE HOMEOWNERS' ASSOCIATION OF
MANATEE COUNTY, INC.**FILED**
Jul 21, 2023
Secretary of State
3252336658CC**Current Principal Place of Business:**C/O REALMANAGE
2477 STICKNEY POINT ROAD SUITE 118-A
SARASOTA, FL 34231**Current Mailing Address:**C/O REALMANAGE
PO BOX 803555
DALLAS, TX 75380 US**FEI Number: 04-3658392****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PORGES HAMLIN KNOWLES & HAWK, P.A.
1205 MANATEE AVE W
BRADENTON, FL 34205 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: MARY HAWK****07/21/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LORENZINI, NANCY
Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A
City-State-Zip:	SARASOTA FL 34231

Title	VP
Name	SCOTT, PATRICIA
Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A
City-State-Zip:	SARASOTA FL 34231

Title	TREASURER
Name	CLAAR, BARRY
Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A
City-State-Zip:	SARASOTA FL 34231

Title	DIRECTOR
Name	GERDEMAN, MICHAEL
Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A
City-State-Zip:	SARASOTA FL 34231

Title	DIRECTOR
Name	TERRELL, CHADWICK
Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A
City-State-Zip:	SARASOTA FL 34231

Title	DIRECTOR
Name	RICHARDSON, KRISTIN
Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A
City-State-Zip:	SARASOTA FL 34231

Title	SECRETARY
Name	RITTER, MACON
Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A
City-State-Zip:	SARASOTA FL 34231

Title	DIRECTOR
Name	KENNEDY, DIANE
Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A
City-State-Zip:	SARASOTA FL 34231

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: NANCY LORENZINI**PRESIDENT****07/21/2023**

