

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

DOCUMENT# N14000006424

**FILED**  
**Feb 04, 2016**  
**Secretary of State**  
**CC6353306959**

**Entity Name:** HR PROFESSIONALS ASSOCIATION INC

**Current Principal Place of Business:**

4371 NORTHLAKE BLVD SUITE 331  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4371 NORTHLAKE BLVD SUITE 331  
PALM BEACH GARDENS, FL 33410

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

EDELHEIT, JONATHAN  
4371 NORTHLAKE BLVD SUITE 331  
PALM BEACH GARDENS, FL 33410 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name EDELHEIT, JONATHAN  
Address 4371 NORTHLAKE BLVD SUITE 300  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP  
Name NAGDA, VISHAL  
Address 4371 NORTHLAKE BLVD SUITE 300  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SEC  
Name DODSON, JENNY  
Address 4371 NORTHLAKE BLVD SUITE 300  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** JONATHAN EDELHEIT

**PRESIDENT**

**02/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date