

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N18000006221

**Entity Name:** HIGHLAND PLACE HOMEOWNERS ASSOCIATION OF POLK  
COUNTY, INC.

**Current Principal Place of Business:**

346 E CENTRAL AVE  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

346 E CENTRAL AVE  
WINTER HAVEN, FL 33880 US

**FEI Number: 83-1546596**

**Certificate of Status Desired: No**

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

PRIME COMMUNITY MANAGEMENT, LLC  
346 E CENTRAL AVE  
WINTER HAVEN, FL 33880 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           | PD                   | Title           | SECRETARY, TREASURER |
| Name            | SEAMAN, JOHN         | Name            | RIVERA, JENNYTZIA    |
| Address         | 396 ROOKS LOOP       | Address         | 348 ROOKS LOOP       |
| City-State-Zip: | HAINES CITY FL 33844 | City-State-Zip: | HAINES CITY FL 33844 |
|                 |                      |                 |                      |
| Title           | VP                   |                 |                      |
| Name            | KAMMY, KNIGHT        |                 |                      |
| Address         | 357 ROOKS LOOP       |                 |                      |
| City-State-Zip: | HAINES CITY FL 33844 |                 |                      |

*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: JOHN SEAMAN**

**PRESIDENT**

**11/01/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date