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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROY M. WARREN

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: HIGHLANDS MANAGER, INC.

Current Principal Place of Business:

411 SE OSCEOLA STREET SUITE 201 STUART, FL 34994

Current Mailing Address:

411 SE OSCEOLA STREET SUITE 201 STUART, FL 34994 US

FEI Number: 82-2856126

Name and Address of Current Registered Agent:

NEW MARKET STRATEGIES, LLC 411 SE OSCEOLA STREET SUITE 201 STUART, FL 34994 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

Officer/Director Detail :

Title	Р	Title	VP
Name	WARREN, ROY M	Name	KRAMER, ROBERT S
Address	411 SE OSCEOLA STREET SUITE 201	Address	411 SE OSCEOLA STREET SUITE 201
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994
Title	S, T		
Name	FOWLER, WILLIAM C		
Address	411 SE OSCEOLA STREET SUITE 201		
City-State-Zip:	STUART FL 34994		

PRESIDENT

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

03/20/2020

Date

FILED Mar 20, 2020 Secretary of State 2316661113CC

Certificate of Status Desired: No

Date