

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000002346

**FILED**  
**Apr 23, 2017**  
**Secretary of State**  
**CC7747986244**

**Entity Name:** HRA MANAGEMENT CORPORATION

**Current Principal Place of Business:**

1440 HIGHWAY A1A  
VERO BEACH, FL 32963

**Current Mailing Address:**

1440 HIGHWAY A1A  
VERO BEACH, FL 32963

**FEI Number:** 61-1408617

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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           PRESIDENT  
Name           SMICK, TIMOTHY S  
Address        1440 HIGHWAY A1A  
City-State-Zip: VERO BEACH FL 32963

Title           VP  
Name           HANSON, SARABETH  
Address        1440 HIGHWAY A1A  
City-State-Zip: VERO BEACH FL 32963

Title           SECRETARY/VICE PRESIDENT  
Name           JENNINGS, CHARLES  
Address        1440 HIGHWAY A1A  
City-State-Zip: VERO BEACH FL 32963

Title           TREASURER  
Name           MITCHELL, THOMAS  
Address        1440 HIGHWAY A1A  
City-State-Zip: VERO BEACH FL 32963

Title           ASSISTANT SECRETARY  
Name           COLLINS, CHRIS  
Address        1440 HIGHWAY A1A  
City-State-Zip: VERO BEACH FL 32963

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

**SIGNATURE:** THOMAS MITCHELL

**TREASURER**

**04/23/2017**

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

\_\_\_\_\_  
Date