

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000002346

**FILED**  
**Apr 12, 2024**  
**Secretary of State**  
**6466050381CC**

**Entity Name:** HRA MANAGEMENT CORPORATION

**Current Principal Place of Business:**

958 20TH PLACE  
2ND FLOOR  
VERO BEACH, FL 32960

**Current Mailing Address:**

958 20TH PLACE  
2ND FLOOR  
VERO BEACH, FL 32960 US

**FEI Number:** 61-1408617

**Certificate of Status Desired:** No

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

COGENCY GLOBAL 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 DIRECTOR, CHAIRMAN AND  
MANAGING PARTNER  
Name SMICK, TIMOTHY S  
Address 958 20TH PLACE  
2ND FLOOR  
City-State-Zip: VERO BEACH FL 32960

Title PRESIDENT/CEO  
Name HANSON, SARABETH  
Address 958 20TH PLACE  
2ND FLOOR  
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY/VICE PRESIDENT/CHIEF  
DEVELOPMENT OFFICER  
Name JENNINGS, CHARLES N.  
Address 958 20TH PLACE  
2ND FLOOR  
City-State-Zip: VERO BEACH FL 32960

Title ASSISTANT SECRETARY,  
TREASURER, CFO  
Name COLLINS, CHRIS  
Address 958 20TH PLACE  
2ND FLOOR  
City-State-Zip: VERO BEACH FL 32960

*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:** TIMOTHY S. SMICK

**CHAIRMAN AND  
MANAGING PARTNER**

**04/12/2024**

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

\_\_\_\_\_  
Date