

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000007059

**Entity Name:** NORTHRIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O BEACON COMMUNITY MANAGEMENT  
9100 CONROY WINDERMERE RD. STE 200  
WINDERMERE, FL 34786

**Current Mailing Address:**

C/O BEACON COMMUNITY MANAGEMENT  
9100 CONROY WINDERMERE RD. STE 200  
WINDERMERE, FL 34786 US

**FEI Number:** 83-1594058**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

BEACON COMMUNITY MANAGEMENT  
C/O BEACON COMMUNITY MANAGEMENT  
9100 CONROY WINDERMERE RD. STE 200  
WINDERMERE, FL 34786 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:** SCOTT ST. CLAIR

05/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name AMSTER, SHANNA  
Address C/O BEACON COMMUNITY  
MANAGEMENT  
9100 CONROY WINDERMERE RD. STE  
200  
City-State-Zip: WINDERMERE FL 34786

Title PRESIDENT  
Name ALFONSO, LUIS  
Address C/O BEACON COMMUNITY  
MANAGEMENT  
9100 CONROY WINDERMERE RD. STE  
200  
City-State-Zip: WINDERMERE FL 34786

Title SECRETARY, TREASURER  
Name EBHARDT, DONALD  
Address C/O BEACON COMMUNITY  
MANAGEMENT  
9100 CONROY WINDERMERE RD. STE  
200  
City-State-Zip: WINDERMERE FL 34786

*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:** LUIS ALFONSO

PRESIDENT

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date