

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

DOCUMENT# N48941

**Entity Name:** SUNRISE BEACH HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**COMMUNITY MANAGEMENT ASSOCIATES, INC.  
7 TOWN CENTER LOOP SUITE C-16  
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**COMMUNITY MANAGEMENT ASSOCIATES INC.  
1465 NORTHSIDE DR. N.W. 128  
ATLANTA, GA 30318 US**FEI Number:** 59-3180072**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT ASSOCIATES, INC.  
COMMUNITY MANAGEMENT ASSOCIATES, INC.  
7 TOWN CENTER LOOP SUITE C-16  
SANTA ROSA BEACH, FL 32459 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:** JAMES H. DEVLIN

04/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	AICHELE, MARK
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

Title	CFO
Name	ROBERTS, DAVID
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

Title	CEO
Name	COLLINS, LORRIE
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

Title	AGENT
Name	DEVLIN, JAMES H.
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

*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:** JAMES H. DEVLIN

AGENT

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date