

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005288

Entity Name: BEACON INDUSTRIAL PARK ASSOCIATION, INC.**Current Principal Place of Business:**2808 CARROLL PLACE
ORLANDO, FL 32804**Current Mailing Address:**P.O. BOX 541557
ORLANDO, FL 32854 US**FEI Number:** 65-0584413**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRU MANAGEMENT GROUP, LLC
2808 CARROLL PLACE
ORLANDO, FL 32804 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:** EDNA TRIMBLE

03/09/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR, PRESIDENT
Name TENENBAUM, JASON
Address COMMUNITY MANAGEMENT
ASSOCIATES INC.
1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title DIRECTOR, VP
Name CAMBAS RIGGS, MARGARITA
Address COMMUNITY MANAGEMENT
ASSOCIATES INC.
1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title DIRECTOR, TREASURER
Name VALLE, ROXANA
Address COMMUNITY MANAGEMENT
ASSOCIATES INC.
1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title MANAGER
Name REILLY, EDNA
Address P.O. BOX 541557
City-State-Zip: ORLANDO FL 32854

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: MARGARITA CAMBAS RIGGS

VP

03/09/2025

Electronic Signature of Signing Officer/Director Detail

Date