

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004162

Entity Name: BEACON PARK MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS
4901 VINELAND RD SUITE 455
ORLANDO, FL 32811

Current Mailing Address:

C/O ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS
4901 VINELAND RD SUITE 455
ORLANDO, FL 32811 US

FEI Number: 20-5778285

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS
4901 VINELAND RD, SUITE 455
ORLANDO, FL 32811 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: MARILYN NIEVES

04/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CAMILO, PATRICIO
Address C/O ASSOCIA-COMMUNITY
 MANAGEMENT PROFESSIONALS
 4901 VINELAND RD SUITE 455
City-State-Zip: ORLANDO FL 32811

Title SECRETARY
Name SALAZAR, NATALIA
Address C/O ASSOCIA-COMMUNITY
 MANAGEMENT PROFESSIONALS
 4901 VINELAND RD SUITE 455
City-State-Zip: ORLANDO FL 32811

Title VP
Name CRUZ, OLGA
Address C/O ASSOCIA-COMMUNITY
 MANAGEMENT PROFESSIONALS
 4901 VINELAND RD SUITE 455
City-State-Zip: ORLANDO FL 32811

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: PATRICIO CAMILO

PRESIDENT

04/10/2025

Electronic Signature of Signing Officer/Director Detail

Date