

**2024 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:**

LANDOL LAW FIRM, PA  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

**02/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date