

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004162

**Entity Name:** BEACON PARK MASTER HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1627 E. VINE STREET  
SUITE 200  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1627 E. VINE STREET  
SUITE 200  
KISSIMMEE, FL 34744 US

**FEI Number:** 20-5778285

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TITAN HOA MANAGEMENT, LLC  
1627 E. VINE STREET  
SUITE 200  
KISSIMMEE, FL 34744 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            VICE-PRESIDENT  
Name            AVELLI, LOUIS  
Address        1627 E. VINE STREET  
                 SUITE 200  
City-State-Zip: KISSIMMEE FL 34744

Title            SECRETARY, TREASURER  
Name            AULD, JOHN  
Address        1627 E. VINE STREET  
                 SUITE 200  
City-State-Zip: KISSIMMEE FL 34744

Title            PRESIDENT  
Name            SCHOTT, ADAM  
Address        1627 E. VINE STREET  
                 SUITE 200  
City-State-Zip: KISSIMMEE FL 34744

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:** ADAM SCHOTT

**PRESIDENT**

**01/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date