

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003247

**FILED**  
**Apr 25, 2024**  
**Secretary of State**  
**9802490135CC**

**Entity Name:** BEACON LAKES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

COMMUNITY MANAGEMENT ASSOCIATES INC.  
36468 EMERALD COAST PKWY. STE. 2101  
DESTIN, FL 32541

**Current Mailing Address:**

COMMUNITY MANAGEMENT ASSOCIATES INC.  
1465 NORTHSIDE DR. N.W. 128  
ATLANTA, GA 30318 US

**FEI Number:** 20-5743674

**Certificate of Status Desired:** Yes

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

COMMUNITY MANAGEMENT ASSOCIATES INC.  
COMMUNITY MANAGEMENT ASSOCIATES INC.  
36468 EMERALD COAST PKWY. STE. 2101  
DESTIN, FL 32541 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

04/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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 RODRIGUEZ, MARICELA  
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, SECRETARY  
Name ESPINOSA, TATIANA  
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

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date