

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000075

Entity Name: SUNBURST ESTATES HOMEOWNER'S ASSOCIATION, INC.**FILED**
Mar 03, 2025
Secretary of State
8568820064CC**Current Principal Place of Business:**C/O BEACON COMMUNITY MANAGEMENT
9100 CONROY WINDERMERE RD. STE 200
WINDERMERE, FL 34786**Current Mailing Address:**C/O BEACON COMMUNITY MANAGEMENT
9100 CONROY WINDERMERE RD. STE 200
WINDERMERE, FL 34786 US**FEI Number:** 59-3577534**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEACON COMMUNITY MANAGEMENT
C/O BEACON COMMUNITY MANAGEMENT
9100 CONROY WINDERMERE RD. STE 200
WINDERMERE, FL 34786 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:** SCOTT ST. CLAIR**03/03/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	KREBS-LEHNHARDT, DOROTHY M
Address	C/O BEACON COMMUNITY MANAGEMENT 9100 CONROY WINDERMERE RD. STE 200
City-State-Zip:	WINDERMERE FL 34786

Title	VP
Name	WALKER, PAULA
Address	C/O BEACON COMMUNITY MANAGEMENT 9100 CONROY WINDERMERE RD. STE 200
City-State-Zip:	WINDERMERE FL 34786

Title	DIRECTOR
Name	FRENCH, PATRICIA
Address	C/O BEACON COMMUNITY MANAGEMENT 9100 CONROY WINDERMERE RD. STE 200
City-State-Zip:	WINDERMERE FL 34786

Title	PRESIDENT
Name	OCKSTADT, DAWN
Address	C/O BEACON COMMUNITY MANAGEMENT 9100 CONROY WINDERMERE RD. STE 200
City-State-Zip:	WINDERMERE FL 34786

Title	TREASURER
Name	DIAL, MATT
Address	C/O BEACON COMMUNITY MANAGEMENT 9100 CONROY WINDERMERE RD. STE 200
City-State-Zip:	WINDERMERE FL 34786

Title	OTHER
Name	ST. CLAIR, SCOTT
Address	C/O BEACON COMMUNITY MANAGEMENT 9100 CONROY WINDERMERE RD. STE 200
City-State-Zip:	WINDERMERE FL 34786

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: SCOTT ST. CLAIR**OTHER****03/03/2025**

Electronic Signature of Signing Officer/Director Detail

Date