## 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

**DOCUMENT# 729378** 

Entity Name: THE TRELLISES ASSOCIATION, INC.

**FILED** Jun 16, 2015 **Secretary of State** CC2016763798

## **Current Principal Place of Business:**

9731 N. NEW RIVER CANAL ROAD PLANTATION, FL 33324-3419

## **Current Mailing Address:**

9731 N. NEW RIVER CANAL ROAD PLANTATION, FL 33324-3419 US

FEI Number: 59-1655424 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

VALANCY, STEVEN S 311 SE 13 ST FT LAUDERDALE, FL 33316 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name SCHWARTZ, RONALD Name MIHALIC, DOLORES

Address 9701 N. NEW RIVER CANAL ROAD, Address 9711 N. NEW RIVER CANAL ROAD,

**UNIT #109** UNIT #214

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title VΡ Title **TREASURER** 

Name CONTRERES, HUGO Name BREES, MICHAEL P

9717 N. NEW RIVER CANAL ROAD, Address 9701 N. NEW RIVER CANAL ROAD, Address #108

**UNIT #405** 

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title **SECRETARY** Name ASH, ROBERT L

Address 958 MOCKINGBIRD LANE, UNIT #512

City-State-Zip: PLANTATION FL 33324-3440

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.

06/16/2015 SIGNATURE: ROBERT L. ASH SECRETARY