

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002910

**Entity Name:** TRI-COUNTY ASSOCIATION OF THE DEAF, INC.

**Current Principal Place of Business:**

3515 WEDGEWOOD LN  
#151  
THE VILLAGES, FL 32162

**Current Mailing Address:**

3515 WEDGEWOOD LN  
#151  
THE VILLAGES, FL 32162 US

**FEI Number:** 20-1010193

**Certificate of Status Desired:** No

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

SCHWARZ, LOUIS PRES  
2172 BLACKVILLE DRIVE  
THE VILLAGES, FL 32162 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 P  
Name SCHWARZ, LOUIS  
Address 2172 BLACKVILLE DRIVE  
City-State-Zip: THE VILLAGES FL 32162

Title VP  
Name WILSON, JOHN  
Address 636 EVELYNTON LOOP  
City-State-Zip: THE VILLAGES FL 32162

Title S  
Name SALAMOFF, DONNA  
Address 912 MISTY CT.  
City-State-Zip: THE VILLAGES FL 32162

Title T  
Name INGRAM, CATHERINE  
Address 8340 SE 178TH FERNBROOK PL  
City-State-Zip: THE VILLAGES FL 32162

Title BOARD MEMBER  
Name SMART, TINA  
Address 306 BISHOPVILLE LOOP  
City-State-Zip: THE VILLAGES FL 32162

Title BOARD MEMBER  
Name HYNES, KENNY  
Address 735 EDEN PL.  
City-State-Zip: THE VILLAGES FL 32162

Title BOARD MEMBER  
Name KALETA, JOHN  
Address 469 AINSWORTH CIR.  
City-State-Zip: THE VILLAGES FL 32162

*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:** CATHERINE INGRAM

**TREASURER**

**02/03/2016**

Electronic Signature of Signing Officer/Director Detail

Date