

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

DOCUMENT# N16000001516

**Entity Name:** TRASONA WEST NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

1331 BEDFORD DRIVE  
SUITE 103  
MELBOURNE, FL 32940

**Current Mailing Address:**

1331 BEDFORD DRIVE  
SUITE 103  
MELBOURNE, FL 32940 US

**FEI Number:** 81-3454387

**Certificate of Status Desired:** No

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

DILLON, THOMAS B  
1331 BEDFORD DRIVE  
SUITE 103  
MELBOURNE, FL 32940 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:** THOMAS B. DILLON

04/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            VEIT, THEODORE  
Address        1331 BEDFORD DRIVE  
                 SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title            VP, DIRECTOR  
Name            FONTINEL, AARON  
Address        1331 BEDFORD DRIVE  
                 SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title            TREASURER, DIRECTOR  
Name            MUNTUN, ROBERT  
Address        1331 BEDFORD DRIVE  
                 SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title            DIRECTOR  
Name            YOHN, JOHN  
Address        1331 BEDFORD DRIVE  
                 SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title            DIRECTOR, SECRETARY  
Name            STOY, JEFFREY  
Address        1331 BEDFORD DRIVE  
                 SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title            MANAGER  
Name            BYRD, ERIC D.  
Address        1331 BEDFORD DRIVE  
                 103  
City-State-Zip: MELBOURNE FL 32940

*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:** ERIC BYRD

**MANAGER**

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date