

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010975

**Entity Name:** TREVISO BAY PROPERTY OWNERS MASTER ASSOCIATION, INC.**FILED**  
**Mar 30, 2023**  
**Secretary of State**  
**2177577064CC****Current Principal Place of Business:**9800 TREVISO BAY BLVD  
NAPLES, FL 34113**Current Mailing Address:**9800 TREVISO BAY BLVD  
NAPLES, FL 34113 US**FEI Number: 20-2568540****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ICON MANAGEMENT INC.  
5540 ST. ROAD 64 EAST  
SUITE 202  
BRADENTON, FL 34208 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: JOSEPH IAFE****03/30/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRENNAN, DANIEL  
Address        9800 TREVISO BAY BLVD.  
City-State-Zip: NAPLES FL 34113

Title            VP  
Name            PETREDIS, NICHOLAS  
Address        9800 TREVISO BAY BLVD.  
City-State-Zip: NAPLES FL 34113

Title            SECRETARY  
Name            LEKAS, JOANNE  
Address        9800 TREVISO BAY BLVD.  
City-State-Zip: NAPLES FL 34113

Title            TREASURER  
Name            SHANDA, LAWRENCE  
Address        9800 TREVISO BAY BOULEVARD  
City-State-Zip: NAPLES FL 34113

Title            DIRECTOR  
Name            RIZZO, FRANK  
Address        9800 TREVISO BAY BLVD.  
City-State-Zip: NAPLES FL 34113

Title            DIRECTOR  
Name            SANDEL, CHRISTOPHER  
Address        9800 TREVISO BAY BLVD.  
City-State-Zip: NAPLES FL 34113

Title            DIRECTOR  
Name            BLYTHE, JASON  
Address        9800 TREVISO BAY BLVD.  
City-State-Zip: NAPLES FL 34113

Title            LCAM  
Name            VAIL, GABRIELLE  
Address        9800 TREVISO BAY BLVD  
City-State-Zip: NAPLES FL 34113

*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: VAIL, GABRIELLE****LCAM****03/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date