

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006958

Entity Name: TRAILSIDE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1890 SW TRAILSIDE PATH
STUART, FL 34997**Current Mailing Address:**1890 SW TRAILSIDE PATH
STUART, FL 34997**FEI Number:** 65-0904672**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAY, KYLA
2912 SW TRAILSIDE PATH
STUART, FL 34997 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:** KYLA SHAY

04/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SHAY, KYLA
Address 2912 SW TRAILSIDE PATH
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name MEIER, KERRY
Address 1802 SW TRAILSIDE PATH
City-State-Zip: STUART FL 34997

Title VP
Name MASSAGLIA, SHARON
Address 2986 SW TRSILDIDE PATH
City-State-Zip: STUART FL 34997

Title S
Name SCHULTE, JUDY
Address 2319 SW TRAILSIDE PATH
City-State-Zip: STUART FL 34997

Title D
Name DUTHIE, MJ
Address 2024 SW TRAILSIDE PATH
City-State-Zip: STUART FL 34997

Title TREASURER
Name GIGELE, LORRAINE
Address 8738 WAKEFIELD DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title ASST. TREASURER
Name FREEMAN, JOSEPHINE
Address 2712 SW TRAILSIDE PATH
City-State-Zip: STUART FL 34997

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: KYLA SHAY

PRES

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date