

2015 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:** Yes**Name and Address of Current Registered Agent:**KROSIN, KYLA SHAY
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	DIRECTOR
Name	FERRERA, MIKE
Address	1890 SW TRAILSIDE PATH
City-State-Zip:	STUART FL 34997

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

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	DIRECTOR
Name	MURRAY, M. TIMOTHY
Address	PO BOX 100
City-State-Zip:	HOBE SOUND FL 33475

Title	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 KROSIN**PRESIDENT****04/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date