

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010042

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** TRAFALGAR VILLAGE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

3400 W. OSCEOLA PKWY.  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

2021 13TH STREET  
SAINT CLOUD, FL 34769 US

**Current Mailing Address:**

2019 13TH ST  
ST CLOUD, FL 34769 US

**New Mailing Address:**

2021 13TH STREET  
SAINT CLOUD, FL 34769 US

**FEI Number:** 20-1836118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLUE WATER COMMUNITY MANAGEMENT  
2019 13TH ST  
ST CLOUD, FL 34769 US

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

BLUE WATER COMMUNITY MANAGEMENT  
2021 13TH ST  
ST CLOUD, FL 34769 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: \_\_\_\_\_

02/18/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HAWKSWORTH, ALAN  
Address: 4983 BROOK ROAD  
City-St-Zip: KISSIMMEE, FL 34758

Title: VD  
Name: O'SULLIVAN, CHARLIE  
Address: 3400 WEST OSCEOLA PARKWAY  
City-St-Zip: KISSIMMEE, FL 34741

Title: STD  
Name: ADKINS, DERREK  
Address: 3400 WEST OSCEOLA PARKWAY  
City-St-Zip: KISSIMMEE, FL 34741

Title: D  
Name: KAVANAUGH, RENEE  
Address: 4983 BROOK ROAD  
City-St-Zip: KISSIMMEE, FL 34758

Title: D  
Name: COADY, TOM  
Address: 4983 BROOK ROAD  
City-St-Zip: KISSIMMEE, FL 34758

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: DONNIE MARTINEZ

LCAM

02/18/2010

Electronic Signature of Signing Officer or Director

Date