

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010042

FILED
Feb 06, 2012
Secretary of State

Entity Name: TRAFALGAR VILLAGE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O BLUE WATER COMMUNITY MANAGEMENT
2021 13TH STREET
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

C/O BLUE WATER COMMUNITY MANAGEMENT
2021 13TH STREET
SAINT CLOUD, FL 34769 US

New Mailing Address:

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, LLC
2021 13TH STREET
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: HAWKSWORTH, ALAN
Address: 2021 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769

Title: VD
Name: O'SULLIVAN, CHARLIE
Address: 2021 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769

Title: SD
Name: SCHULER, FRED
Address: 2021 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769

Title: TD
Name: KAVANAUGH, RENEE
Address: 2021 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769

Title: D
Name: COADY, TOM
Address: 2021 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769

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

02/06/2012

Electronic Signature of Signing Officer or Director

_____ Date