

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010042

**FILED**  
**Feb 19, 2013**  
**Secretary of State**  
**CC9444529350**

**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

**Current Mailing Address:**

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

**FEI Number:** 20-1836118

**Certificate of Status Desired:** No

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

BLUE WATER COMMUNITY MANAGEMENT, LLC  
2021 13TH STREET  
SAINT 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

Title VP, SECRETARY  
Name KAVANAGH, RENEE  
Address 2021 13TH STREET  
City-State-Zip: SAINT CLOUD FL 34769

Title DIRECTOR  
Name SCHULER, FRED  
Address 2021 13TH STREET  
City-State-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:** ALAN HAWKSWORTH

**PRESIDENT**

**02/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date