

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010042

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

**FILED**  
**Jan 23, 2014**  
**Secretary of State**  
**CC2176335060**

**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:**

MARTINEZ, DONNIE  
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: DONNIE MARTINEZ**

**01/23/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

**01/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date