
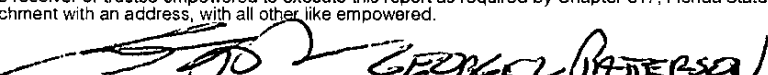


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90105 034 ****61.25

DOCUMENT # 755763 1. Entity Name TRAFALGAR SQUARE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 725 83RD AVE N., #207 ST PETERSBURG FL 33702			Mailing Address C/O TABS 7601 9TH ST. N. B SAINT PETERSBURG FL 33702 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2326263	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TYLER, SHIRLEY A. E 7601-9TH ST. N. STE C-1 ST. PETERSBURG FL 33702				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERGMAN, PEGGY	NAME	# 105		
STREET ADDRESS	725 83RD AVE. N. #104	STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33702	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WALSH, MARGARET	NAME	Kim Williams		
STREET ADDRESS	725 83RD AVE N #102	STREET ADDRESS	721 - 83 RD AVE No. #104		
CITY-ST-ZIP	ST PETERSBURG FL 33702	CITY-ST-ZIP	ST PETERSBURG, FL 33702		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WARREN, ALLEN	NAME	Ramona Simmonds		
STREET ADDRESS	725 83RD AVE. N. #203	STREET ADDRESS	725 - 83 RD AVE No. #102		
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	CITY-ST-ZIP	ST PETERSBURG FL 33702		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KOHL, ARNIE	NAME	George Patterson		
STREET ADDRESS	721 83RD AVE. N. #208	STREET ADDRESS	721 - 83 RD AVE No #205		
CITY-ST-ZIP	ST PETERSBURG FL 33702	CITY-ST-ZIP	ST PETERSBURG FL 33702		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BRZOZA, TOM	NAME	RITA BARBERS		
STREET ADDRESS	721 83RD AVE. N. #101	STREET ADDRESS	725 - 83 RD AVE No #107		
CITY-ST-ZIP	ST PETERSBURG FL 33702	CITY-ST-ZIP	ST PETERSBURG FL 33702		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  GEORGE PATTERSON 3/24/05 727 373 1927					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					