


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90137 012 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2326263	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TYLER, SHIRLEY A. E 7601-9TH ST. N. STE C-1 ST. PETERSBURG, FL 33702				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 VPD NAME MINARD, MARY C STREET ADDRESS 725-83RD AVE NORTH #207 CITY-ST-ZIP SAINT PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Kohl, Arnold STREET ADDRESS 721-83RD AVE No #208 CITY-ST-ZIP ST. PETERSBURG, FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME BROWSTER, ANN S STREET ADDRESS 725-83RD AVE NORTH #205 CITY-ST-ZIP SAINT PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Ailer, Renee S. STREET ADDRESS 721-83RD AVE No. #203 CITY-ST-ZIP ST PETERSBURG FL 33702	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME MCNAMARA, JOHN N STREET ADDRESS 725-83RD AVE NORTH #104 CITY-ST-ZIP ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete		TITLE PD NAME McIntyre, Ellen STREET ADDRESS 721-83RD AVE No #101 CITY-ST-ZIP ST PETERSBURG FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME BARBERS, RITA STREET ADDRESS 725 83RD AVE N. #107 CITY-ST-ZIP ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete		TITLE TD NAME GRIVICIC, MARY Ann STREET ADDRESS 721-83RD AVE No #103 CITY-ST-ZIP ST PETERSBURG FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME Bergmann, Peggy STREET ADDRESS 725-83RD AVE No #105 CITY-ST-ZIP ST PETERSBURG, FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Peggy Bergmann</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date _____ Daytime Phone # _____</small>					

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