

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755763

FILED
Feb 17, 2011
Secretary of State

Entity Name: TRAFALGAR SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11350 66TH STREET NORTH
SUITE 124
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

11350 66TH STREET NORTH
SUITE 124
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 59-2326263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLIDAY ISLES PROPERTY MANAGEMENT, INC.
11350 66TH STREET NORTH
SUITE 124
LARGO, FL 33773 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: DP
Name: MCINTYRE, ELLEN
Address: 721 83RD AVE NORTH #101
City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: DV
Name: ALLER, RENEE
Address: 725 83RD AVE NORTH #101
City-St-Zip: ST PETERSBURG, FL 33702 US

Title: DS
Name: DAVIS, R. KEITH
Address: 725 83RD AVE NORTH #108
City-St-Zip: ST PETERSBURG, FL 33702 US

Title: DT
Name: GRIVICIC, MARY ANN
Address: 721 83RD AVE NORTH #103
City-St-Zip: ST PETERSBURG, FL 33702 US

Title: D
Name: BERGMANN, PEGGY
Address: 725 83RD AVE NORTH #105
City-St-Zip: ST PETERSBURG, FL 33702 US

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: ELLEN MCINTYRE

PRES

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date