2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 01, 2008 8:00 am Secretary of State

DOCUMENT # N0000005190 1. Entity Name TRAFFORD PARK HOMEOWNERS ASSOCIATION, INC.					8-01-2008	90039 026 ***	*61.25	
4115 OLD TAFFORD WAY 4		Mailing Address 4115 OLD TAFFORD WAY ORLANDO, FL 32810			88KK 88KK 88KK 88K	.))	KOMTO 11 100	
2. Principal Place of Business · No P.O. Box # 3. N		3. Mailing Address	J. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07162008 CI	hg-NP	CR2E037 (12/0	5)	
City & State		City & State		4. FEI Number NOT APPLI	CABLE		Applied For Not Applicable	
Zìp	Country	Zip	Country	5. Certificate of St	atus Desired	□ \$8.75 Fee Req	Additional sired	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name				
PISCITELLI, PAUL J								
	TRAFFORD WAY), FL 32810		Street Address ((P.O. Box Number is Not Acceptable)			
	,,							
			City			FL Zip (ode	
the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its re	gistered office or regist	ered agent, or both, in	the State of FI	orida. I am familiar w	ith, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (POTE R	legistered Agent signature requir	red when reinstating)		DATE		
	Signature, lyoed or printed name of registered agent Filling Fee is \$61.25 ue by September 12, 2008	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	1	DATE flake check payab rida Department o		
	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIF	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be	Flo	lake check payab rida Department o	State	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/08

467-226-1116 Daytime Phone *