

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90025 019 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # N07000006042</b>   |   |   |  |  |  |
| <b>1. Entity Name</b><br>TRAFALGAR COMMERCIAL NORTH PROPERTY OWNER'S ASSOCIATION, INC.   |   |   |  |  |  |
| <b>Principal Place of Business</b><br>104 SO. CLYDE AVE.<br>KISSIMMEE, FL 34741 US   |   |   | <b>Mailing Address</b><br>104 SO. CLYDE AVE.<br>KISSIMMEE, FL 34741 US   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |   | <b>3. Mailing Address</b>   |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |  |  |
| City & State   |   | City & State  |  | <b>4. FEI Number</b><br>59-3219975   |  |
| Zip  |   | Country   |  | Applied For<br>Not Applicable  |  |
| Zip  |   | Country   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BLACK, ARTHUR C<br>104 SO CLYDE AVE.<br>KISSIMMEE, FL 34741  |   |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |  |
| FL   |   |   | Zip Code   |  |  |
| <b>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.</b>   |   |   |  |  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)  |   |   |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>  |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | P.<br>HAWKSWORTH, ALAN<br>4983 BROOK RD.<br>KISSIMMEE, FL 34741         |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | VP.S<br>BRESSAN, RONALD<br>1329 GLENHEATHER DR.<br>WINDERMERE, FL 34786 |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | VP<br>LORDI, JOHN<br>160-04 25TH DR.<br>FLUSHING, NY 11358              |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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.</b> |   |   |  |  |  |
| <b>SIGNATURE:</b> _____  |   |   | 04/09/08 407 933 5262  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |  |  |  |