


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90143 030 ****61.25

DOCUMENT # N18361 1. Entity Name TRAFALGAR SQUARE CONDOMINIUM ASSOCIATION OF NAPLES, INC.					
Principal Place of Business 187 FOREST LAKES BLVD. NAPLES, FL 34105 US			Mailing Address 187 FOREST LAKES BLVD. NAPLES, FL 34105 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2780670	
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	
GRACEY, ROBERT T. 187 FOREST LAKES BLVD. NAPLES, FL 34105				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYRES, ELAINE		NAME		
STREET ADDRESS	1590C TRAFALGAR LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FAUSNIGHT, MARY JO		NAME	DT HANSEN, ANTHONY	
STREET ADDRESS	1518B TRAFALGAR LANE		STREET ADDRESS	1518 D TRAFALGAR LANE	
CITY-ST-ZIP	NAPLES, FL 33940		CITY-ST-ZIP	NAPLES, FL 34116	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODWIN, ROY		NAME		
STREET ADDRESS	1550A TRAFALGAR LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HINCHEE, CHRISTOPHER		NAME	D CORREIA, MICHAEL	
STREET ADDRESS	1566C TRAFALGAR LANE		STREET ADDRESS	1599 C TRAFALGAR LANE	
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP	NAPLES, FL 34116	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEDLER, RUTH		NAME		
STREET ADDRESS	1598A TRAFALGAR LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEARAH, GERRY		NAME		
STREET ADDRESS	1542 A TRAFALGAR LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP		
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: Roy W. Goodwin Roy W. Goodwin (Pres.) 4/11/06 239 649 5667 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					