2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18361

FILED Jan 11, 2009 Secretary of State

Entity Name: TRAFALGAR SQUARE CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business: New Principal Place of Business:

187 FOREST LAKES BLVD. NAPLES, FL 34105 US

Current Mailing Address: New Mailing Address:

187 FOREST LAKES BLVD. NAPLES, FL 34105 US

FEI Number: 59-2780670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRACEY, ROBERT T. 187 FOREST LAKES BLVD. NAPLES, FL 34105 US

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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DP () DeleteTitle:DP (X) Change () AdditionName:BENNETT, BRETTName:CARPENTER, MARKAddress:1494 C. TRAFALGAR LANEAddress:1535B. TRAFALGAR LANECity-St-Zip:NAPLES, FL 34116City-St-Zip:NAPLES, FL 34116

 Title:
 DVP
 () Delete
 Title:
 DVP
 (X) Change () Addition

 Name:
 CARPENTER, MARK
 Name:
 ROBINSON, JACK

 Address:
 1535 B TRAFALGAR LANE
 Address:
 1510C TRAFALGAR LANE

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 NAPLES, FL 34116

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

Name: BENSON, FELICITY Name: BOYLE, BARBARA
Address: 1526 D TRAFALGAR LANE Address: 1542 D TRAFALGAR LANE

City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34116

Title: DST () Delete Title: DS (X) Change () Addition Name: ATER, LINDA Name: ATER, LINDA

Address: 1566 B TRAFALGAR LANE
City-St-Zip: NAPLES, FL 34116
Address: 1566 B TRAFALGAR LANE
City-St-Zip: NAPLES, FL 34116

Title: D () Delete Title: DT (X) Change () Addition

 Name:
 BOYLE, BARBARA
 Name:
 ROY, GOODWIN

 Address:
 15420 TRAFALGAR LANE
 Address:
 1550A TRAFALGAR LANE

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROY GOODWIN DT 01/11/2009