

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18361

FILED  
Mar 17, 2010  
Secretary of State

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

**Current Principal Place of Business:**

187 FOREST LAKES BLVD.  
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

187 FOREST LAKES BLVD.  
NAPLES, FL 34105 US

**New Mailing Address:**

**FEI Number:** 59-2780670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRACEY, ROBERT T.  
187 FOREST LAKES BLVD.  
NAPLES, FL 34105 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: CARPENTER, MARK  
Address: 1535B. TRAFALGAR LANE  
City-St-Zip: NAPLES, FL 34116

Title: DVP  
Name: DAVIS, CHRISTIAN  
Address: 1494B TRAFALGAR LANE  
City-St-Zip: NAPLES, FL 34116

Title: D  
Name: BOYLE, BARBARA  
Address: 1542 D TRAFALGAR LANE  
City-St-Zip: NAPLES, FL 34116

Title: DS  
Name: ATER, LINDA  
Address: 1566 B TRAFALGAR LANE  
City-St-Zip: NAPLES, FL 34116

Title: DT  
Name: ROY, GOODWIN  
Address: 1550A TRAFALGAR LANE  
City-St-Zip: NAPLES, FL 34116

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: LINDA ATER

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03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date