



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90495 017 ****61.25

DOCUMENT # N93000004366 1. Entity Name TRAFALGAR WOODS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3501 DEL PRADO BLVD STE. #204 CAPE CORAL, FL 33904 US			Mailing Address 3501 DEL PRADO BLVD STE. #204 CAPE CORAL, FL 33904 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0441620	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GALLAGHER, JOHN C. 3501 DEL PRADO BLVD STE. #204 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D SCALZO, RON 1909 PICCADILLY CIR CAPE CORAL, FL 33991	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fuller, Claire 1813 Piccadilly Circle CAPE CORAL, FL 33991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASON, RICHARD 1934 PICCADILLY CIRCLE CAPE CORAL, FL 33991	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Meenan, Carrie 1926 Piccadilly Circle CAPE CORAL, FL 33991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRYGALA, ROSE MARIE 1932 PICCADILLY CIRCLE CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHER, ROBERT 1833 PICCADILLY CIRCLE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pellegrini, Susan 1906 Piccadilly Circle CAPE CORAL, FL 33991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARROLL, LISA 1935 PICCADILLY CIRCLE CAPE CORAL, FL 33991	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JOHN 1917 PICCADILLY CIR CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			John Gallagher Registered Agent		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/29/05 Daytime Phone # 2395424400		