

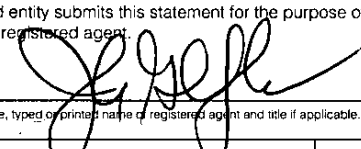
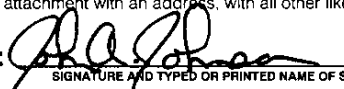


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90342 004 ****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																								
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		02222006 Chg-NP CR2E037 (11/05)																								
		4. FEI Number 65-0441620																								
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																								
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 John C. Gallagher Street Address (P.O. Box Number is Not Acceptable) 3501 Del Prado Blvd Suite 302 City Cape Coral FL Zip Code 33904																								
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.</small>		John Gallagher <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE 4/24/06																								
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																								
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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: 		John A. Johnson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																								
		Date 4-26-06 Daytime Phone #																								