

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90030 008 \*\*\*\*61.25

**DOCUMENT # N93000004366**

1. Entity Name  
**TRAFALGAR WOODS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**3501 DEL PRADO BLVD  
SUITE 302  
CAPE CORAL, FL 33904 US**

Mailing Address  
**3501 DEL PRADO BLVD  
SUITE 302  
CAPE CORAL, FL 33904 US**

20001000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0441620**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLOGHER, JOHN C  
3501 DEL PRADO BLVD  
SUITE 302  
CAPE CORAL, FL 33904**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **EC** ☒ Delete  
NAME **MEEHAN, CARRIE**  
STREET ADDRESS **1926 PICCADILLY CIRCLE**  
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE **P** ☐ Delete  
NAME **DRYGALA, ROSE MARIE**  
STREET ADDRESS **1932 PICCADILLY CIRCLE**  
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE **C** ☐ Delete  
NAME **PELLEGRINI, SUSAN**  
STREET ADDRESS **1906 PICCADILLY CIRCLE**  
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE **TVP** ☒ Delete  
NAME **JOHNSON, JOHN**  
STREET ADDRESS **1917 PICCADILLY CIR**  
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE **S** ☐ Delete  
NAME **MEEHAM, MICHAEL**  
STREET ADDRESS **1926 PICCADILLY CIRCLE**  
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Ron Scalzo**  
STREET ADDRESS **1909 Piccadilly circle**  
CITY-ST-ZIP **Cape Coral, FL 33991**

TITLE **Security** ☐ Change ☒ Addition  
NAME **Steve Funder**  
STREET ADDRESS **1933 Piccadilly circle**  
CITY-ST-ZIP **Cape Coral, FL 33991**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **John Johnson**  
STREET ADDRESS **1917 Piccadilly circle**  
CITY-ST-ZIP **Cape Coral, FL 33991**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: State Phone #

**Treasurer**

**3-5-07**

**239-340-3216**