

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000004306

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



04252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0441620

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
SCALZO, RON
1909 PICCADILLY CR.
CAPE CORAL, FL 33991

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
JOHNSON, JOHN
1917 PICCADILLY CIR
CAPE CORAL, FL 33991

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
FURDERER, STEVE
1933 PICCADILLY CR.
CAPE CORAL, FL 33991

U00000937981
05/27/08-80072-004 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08

239 542 4400