2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N93000004366

Entity Name: TRAFALGAR WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3501 DEL PNADO BLVD
SUITE 302
CAPE CORAL, FL 33904 US

New Principal Place of Business:

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

Current Mailing Address:

3501 DEL PNADO BLVD
SUITE 302
CAPE CORAL, FL 33904 US

New Mailing Address:

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

FEI Number: 65-0441620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: JOHN GALLAGHER 01/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: SCALZO, RON
Address: 1909 PICCADILLY CR.
City-St-Zip: CAPE CORAL, FL 33991

Title: P ( ) Delete
Name: DRYGALA, ROSE MARIE
Address: 1932 PICCADILLY CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: C ( ) Delete
Name: PELLEGRINI, SUSAN
Address: 1906 PICCADILLY CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: T ( ) Delete
Name: JOHNSON, JOHN
Address: 1917 PICCADILLY CIR
City-St-Zip: CAPE CORAL, FL 33991

Title: S ( ) Delete
Name: MEEHAM, MICHAEL
Address: 1926 PICCADILLY CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: S ( ) Delete
Name: FURDERER, STEVE
Address: 1933 PICCADILLY CR.
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN JOHNSON T 01/12/2009
Electronic Signature of Signing Officer or Director Date