


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90018 005 ****70.00

DOCUMENT # N97000006786		
1. Entity Name TRAFALGAR SQUARE HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 3974 TAMPA ROAD B OLDSMAR, FL 34677 US	Mailing Address 16105 N. FLORIDA STE A LUTZ, FL 33549 US
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00032346



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		~Suite, Apt. #, etc.~	
City & State		City & State	
Zip	Country	Zip	Country

03042005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3486196	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SPIVEY, WILLIAM 16105 N. FLORIDA STE A LUTZ, FL 33549	
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7. Name and Address of New Registered Agent	
Name STEVEN MEZER	
Street Address (P.O. Box Number is Not Acceptable) 220 S. FRANKLIN	
City TAMPA	FL Zip Code 33602

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  **STEVEN H. MEZER** 3/17/05
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

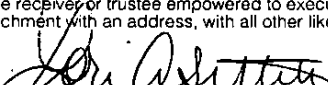
\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAHL, JEFF 4307 CLAVERTON COURT TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SETTELE, LORI 4327 DEERMONT CIRCLE TAMPA, FL 33624 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORTZ, JOHN 10013 EVANSTON PLACE TAMPA, FL 33624 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETTS, BEVERLY 4341 DEERMONT CIRCLE TAMPA, FL 33624 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, BRYANT JR 4304 FINACASTLE TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIDENDOUR, JUDITH 16105 N. FLORIDA #A LUTZ FL 33549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 16105 N. FLORIDA #A LUTZ, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 16105 N. FLORIDA #A LUTZ, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 16105 N. FLORIDA #A LUTZ, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUMACHER, DENISE 16105 N. FLORIDA #A LUTZ, FL 33549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **LORI A. SETTELE** 3/29/05 813-264-9209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #