


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90034 016 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3486196				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEZER, STEVEN 220 S FRANKLIN TAMPA, FL 33602			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE SD NAME RIDENOUR, JUDITH STREET ADDRESS 16105 N FLORIDA #A CITY-ST-ZIP LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete				
TITLE PD NAME SETTELE, LORI STREET ADDRESS 16105 N FLORIDA #A CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Delete				
TITLE D NAME STORTZ, JOHN STREET ADDRESS 16105 N FLORIDA #A CITY-ST-ZIP LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete				
TITLE VD NAME PETTS, BEVERLY STREET ADDRESS 16105 N FLORIDA #A CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Delete				
TITLE TD NAME SCHUMACHER, DENISE STREET ADDRESS 16105 N FLORIDA #A CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE VD NAME AVELINO VIDE III STREET ADDRESS 16105 N. FLORIDA #A CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE SD NAME DONALD FITHIAN JR STREET ADDRESS 16105 N. FLORIDA #A CITY-ST-ZIP LUTZ, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE PD NAME DONALD FITHIAN JR STREET ADDRESS 16105 N. FLORIDA #A CITY-ST-ZIP LUTZ, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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: <u>Denise D Schumacher</u> DENISE D SCHUMACHER 2/14/06 813-830-6566 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					