

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006786

FILED
Apr 30, 2008
Secretary of State

Entity Name: TRAFALGAR SQUARE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5008 W LINEBAUGH
SUITE 15
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 8393
TAMPA, FL 33674 US

New Mailing Address:

5008 W LINEBAUGH
SUITE 15
TAMPA, FL 33624 US

FEI Number: 59-3486196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN
220 S FRANKLIN
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

VIDE, III, AVELINO
5008 W LINEBAUGH AVE
TAMPA, FL 33624 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: AVELINO VIDE, III

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VIDE, AVELINO III
Address: P O BOX 8393
City-St-Zip: TAMPA, FL 33674

Title: SD () Delete
Name: SETTELE, LORI
Address: P O BOX 8393
City-St-Zip: TAMPA, FL 33674

Title: D () Delete
Name: FITHIAN, DONALD JR
Address: P O BOX 8393
City-St-Zip: TAMPA, FL 33674

Title: TD () Delete
Name: SCHUMACHER, DENISE
Address: P O BOX 8393
City-St-Zip: TAMPA, FL 33674

Title: VP () Delete
Name: BROOKS, AMY
Address: P O BOX 8393
City-St-Zip: TAMPA, FL 33674

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: CRUZ, VICTOR
Address: 5008 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33624

Title: D (X) Change () Addition
Name: HERNANDEZ, ARAMINTHA
Address: 5008 W. LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33624

Title: D (X) Change () Addition
Name: PETTS, BEVERLY
Address: 5008 W. LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33624

Title: VP (X) Change () Addition
Name: BROOKS, AMY
Address: 5008 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33624

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: AVELINO VIDE, III

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date