

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northum
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:22

DOCUMENT # N37609 (7)
1. Corporation Name
SCARBOROUGH COMMON COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
5037 RINGWOOD MEADOW SARASOTA FL 34235 **5037 RINGWOOD MEADOW SARASOTA FL 34235**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/12/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0202907** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
HOLLIS, WILLIAM
3416 HIGHLANDS BRIDGE
SARASOTA FL 34235

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William Hollis* **WILLIAM HOLLIS** **3/21/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILLIAM, HOLLIS
STREET ADDRESS	4316 HIGHLANDS BRIDGE
CITY - ST - ZIP	SARASOTA FL 34235
TITLE	DVP
NAME	CRAWFORD, BRUCE
STREET ADDRESS	3413 HIGHLANDS BRIDGE
CITY - ST - ZIP	SARASOTA FL 34235
TITLE	DS
NAME	CLOUD, BETTY
STREET ADDRESS	3438 HIGHLANDS BRIDGE
CITY - ST - ZIP	SARASOTA FL 34235
TITLE	DT
NAME	BORCHERS, ART
STREET ADDRESS	3408 HIGHLANDS BRIDGE
CITY - ST - ZIP	SARASOTA FL 34235
TITLE	D
NAME	POULOS, PAUL
STREET ADDRESS	3409 HIGHLANDS BRIDGE RD
CITY - ST - ZIP	SARASOTA FL 34235
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or change 11, or on an attachment with an address.

SIGNATURE: *William Hollis* **WILLIAM HOLLIS** **3/21/95** **371-6381**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #