

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996.



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

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



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

3. Date Incorporated or Qualified: **04/12/1990**  
3a. Date of Last Report: **03/29/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
Zip: **29** Country: **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: Bruce B. Crawford**  
**82 Street Address (P.O. Box Number is Not Acceptable): 4313 Highlands Bridge Rd.**  
**83**  
**84 City: Sarasota FL 85 Zip Code: 34235**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **BRUCE B. CRAWFORD** *[Signature]* **4-21-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>DP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <b>Director/President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WILLIAM, HOLLIS</b>		1.2 NAME: <b>Bruce B. Crawford</b>
STREET ADDRESS: <b>4316 HIGHLANDS BRIDGE</b>		1.3 STREET ADDRESS: <b>3413 Highlands Bridge Rd.</b>
CITY-ST-ZIP: <b>SARASOTA FL 34235</b>		1.4 CITY-ST-ZIP: <b>Sarasota, FL 34235</b>
TITLE: <b>DVP</b>	<input type="checkbox"/> DELETE	2.1 TITLE: <b>DVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>CRAWFORD, BRUCE</b>		2.2 NAME: <b>Sam Plant</b>
STREET ADDRESS: <b>3413 HIGHLANDS BRIDGE</b>		2.3 STREET ADDRESS: <b>3401 Highlands Bridge Rd.</b>
CITY-ST-ZIP: <b>SARASOTA FL 34235</b>		2.4 CITY-ST-ZIP: <b>Sarasota, FL 34235</b>
TITLE: <b>DS</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: <b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>CLOUD, BETTY</b>		3.2 NAME: <b>Cynthia Cudworth</b>
STREET ADDRESS: <b>3438 HIGHLANDS BRIDGE</b>		3.3 STREET ADDRESS: <b>3437 Highlands Bridge Rd.</b>
CITY-ST-ZIP: <b>SARASOTA FL 34235</b>		3.4 CITY-ST-ZIP: <b>Sarasota, FL 34235</b>
TITLE: <b>DT</b>	<input type="checkbox"/> DELETE	4.1 TITLE: <b>DT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BORCHERS, ART</b>		4.2 NAME: <b>Arthur Borchers</b>
STREET ADDRESS: <b>3408 HIGHLANDS BRIDGE</b>		4.3 STREET ADDRESS: <b>3408 Highlands Bridge Rd.</b>
CITY-ST-ZIP: <b>SARASOTA FL 34235</b>		4.4 CITY-ST-ZIP: <b>Sarasota, FL 34235</b>
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>POULOS, PAUL</b>		5.2 NAME: <b>Dean Taylor</b>
STREET ADDRESS: <b>3409 HIGHLANDS BRIDGE RD</b>		5.3 STREET ADDRESS: <b>3417 Highlands Bridge Rd.</b>
CITY-ST-ZIP: <b>SARASOTA FL 34235</b>		5.4 CITY-ST-ZIP: <b>Sarasota, FL 34235</b>
TITLE: <b></b>	<input type="checkbox"/> DELETE	6.1 TITLE: <b></b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>		6.2 NAME: <b></b>
STREET ADDRESS: <b></b>		6.3 STREET ADDRESS: <b></b>
CITY-ST-ZIP: <b></b>		6.4 CITY-ST-ZIP: <b></b>

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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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/3/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Bruce B. Crawford** Date: **4/3/96**  
508-26-96

CR2E037 (12/95)