

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

Mailing Address

5037 RINGWOOD MEADOW
SARASOTA FL 34235

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SARASOTA FL 34235

3. Date Incorporated or Qualified

04/12/1990

3a. Date of Last Report

03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0202907

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLIS, WILLIAM
3416 HIGHLANDS BRIDGE
SARASOTA FL 34235

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM, HOLLIS	
STREET ADDRESS	4316 HIGHLANDS BRIDGE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CRAWFORD, BRUCE	
STREET ADDRESS	3413 HIGHLANDS BRIDGE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CLOUD, BETTY	
STREET ADDRESS	3438 HIGHLANDS BRIDGE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BORCHERS, ART	
STREET ADDRESS	3408 HIGHLANDS BRIDGE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POULOS, PAUL	
STREET ADDRESS	3409 HIGHLANDS BRIDGE RD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bruce B. Crawford	
1.3 STREET ADDRESS	3413 Highlands Bridge Rd.	
1.4 CITY-ST-ZIP	Sarasota, FL 34235	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sam Plant	
2.3 STREET ADDRESS	3401 Highlands Bridge Rd.	
2.4 CITY-ST-ZIP	Sarasota, FL 34235	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cynthia Cudworth	
3.3 STREET ADDRESS	3437 Highlands Bridge Rd.	
3.4 CITY-ST-ZIP	Sarasota, FL 34235	
4.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Arthur Borchers	
4.3 STREET ADDRESS	3408 Highlands Bridge Rd.	
4.4 CITY-ST-ZIP	Sarasota, FL 34235	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dean Taylor	
5.3 STREET ADDRESS	3417 Highlands Bridge Rd.	
5.4 CITY-ST-ZIP	Sarasota, FL 34235	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce B. Crawford
Bruce B. Crawford

4/3/96
Date

508-26-96
State Phone #

CR2E037 (12/95)