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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34235-2035

3. Date Incorporated or Qualified: 04/12/1990
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.
4. FEI Number: 65-0202907
5. Certificate of Status Desired: Yes No \$8.75 Additional Fee Required
6. Election Campaign Financing: Yes No \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CRAWFORD, BRUCE B, 4313 HIGHLANDS BRIDGE, SARASOTA FL 34235
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	NAME: PLANT, SAM	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 3401 HIGHLANDS BRIDGE	CITY-ST-ZIP: SARASOTA FL 34235	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: PD	NAME: CRAWFORD, BRUCE	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 3413 HIGHLANDS BRIDGE	CITY-ST-ZIP: SARASOTA FL 34235	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: DS	NAME: CUDWORTH, CYNTHIA	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 3437 HIGHLANDS BRIDGE	CITY-ST-ZIP: SARASOTA FL 34235	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: DT	NAME: BORCHERS, ARTHUR	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 3408 HIGHLANDS BRIDGE	CITY-ST-ZIP: SARASOTA FL 34235	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: D	NAME: TAYLOR, DEAN	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 3417 HIGHLANDS BRIDGE RD	CITY-ST-ZIP: SARASOTA FL 34235	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Donald E. Cloud DONALD E. CLOUD 3-10-97
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)

941-377-6712