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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
4. FEI Number: 65-0202907
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: ~~CRAWFORD, BRUCE~~ PLANT, SAM
3401 HIGHLANDS BRIDGE SARASOTA FL 34235

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: *[Signature]* SAM PLANT DATE: 2/26/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANT, SAM	1.2 NAME	
STREET ADDRESS	3401 HIGHLANDS BRIDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, BRUCE	2.2 NAME	
STREET ADDRESS	3413 HIGHLANDS BRIDGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MARY IANE	3.2 NAME	
STREET ADDRESS	3412 HIGHLANDS BRIDGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUD, DONALD E.	4.2 NAME	
STREET ADDRESS	3436 HIGHLANDS BRIDGE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DEAN	5.2 NAME	
STREET ADDRESS	3417 HIGHLANDS BRIDGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HOLOUAK, PAULINE
STREET ADDRESS		6.3 STREET ADDRESS	3432 HIGHLANDS BRIDGE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SARASOTA, FL. 34235

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* DONALD E. CLOUD 3-1-98/941-277-6712

CR2E037 (10/97)