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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N37609

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



2. Principal Place of Business 2a. Mailing Address 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

9. Name and Address of Current Registered Agent PLANT, SAM 3401 HIGHLANDS BRIDGE SARASOTA FL 34235 10. Name and Address of New Registered Agent HOLOVAK, PAULINE 3432 HIGHLANDS BRIDGE RD SARASOTA FL 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. SIGNATURE PAULINE HOLOVAK Pauline Holovak 2/23/99

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include PD PLANT, SAM; D HOLOVAK, PAULINE; DS DAVIS, MARY IANE; DT CLOUD, DONALD E.; VD TAYLOR, DEAN; 1.1 TITLE PD HOLOVAK, PAULINE; 2.1 TITLE VD STUPACK, IRWIN; 3.1 TITLE DT BORCHERS, ARTHUR; 4.1 TITLE DS EVANS, JOANN; 5.1 TITLE DS CLOUD, LADONNA.

14. I 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, with all other like empowered.

SIGNATURE: PAULINE HOLOVAK Pauline Holovak 2/23/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)