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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N37609**

Corporation Name

#### SCARBOROUGH COMMON COMMUNITY ASSOCIATION, INC.

Principal Place of business
5037 RINGWOOD MEADOW
SARASOTA FL 34235

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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5037 RINGWOOD MEADOW SARASOTA FL 34235

# FILED Mar 14, 1999 8:00 am § Secretary of State

03-14-1999 90021 005 \*\*\*\*61.25

3. Date Incorporated or Qualifed

04/12/1990

65-0202907

4. FEI Number

23		28					<ol><li>Certifca</li></ol>	ate of Status D	esired	Ш	Fee Rec	uired '			
Zip	Zip Country			Zip Count			6. Election Campaign Fina					\$5.00	May Be		
24	25	•	29	30	]				und Contribution			Added to	Fees		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent								
	<u> </u>				81	Name	11.		" D	4.11.1					
PLANT, SA	ΔM				82	82 Street Address (P.O. Box Number is Not Acceptable)									
		¥F			02	3432 HIGHLANDS BRIDGE RD									
3401 HIGHLANDS BRIDGE SARASOTA FL 34235															
OAIDOO	1 2 04200				84	City						85 Zip C	ode		
						,	SAR	A501	74		<u> FL</u>	34	235		
11. Devote to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-parted comporation 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 PAULINE HOLOVAK Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE															
	Signature, typed or pr			(NOTE: Reg		t signature r	required who	en reinstating)		0.70.05	DATE	<u> </u>	20 11 42		
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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 informatio 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE PAULINE FAULTURE F. Faulle And Low 2/2.

Daytime Phone #

CR2E037 (11/98)

Applied For

\$8.75 Additional

Not Applicable