

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90112 026 ****61.25

DOCUMENT # N37609

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0202907

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOLOVAK, PAULINE
3432 HIGHLANDS BRIDGE RD
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

L. Pauline Holovak

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APR 8, 2000

DATE

FILE NOW:
FEE IS \$61.25.

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **VD** Delete
 NAME **STUPACK, IRWIN**
 STREET ADDRESS **3405 HIGHLANDS BRIDGE RD**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **PD** Delete
 NAME **HOLOUAK, PAULINE**
 STREET ADDRESS **3432 HIGHLANDS BRIDGE**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **DT** Delete
 NAME **BORCHERS, ARTHUR**
 STREET ADDRESS **3408 HIGHLANDS BRIDGE RD**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **DS** Delete
 NAME **EVANS, JOANN**
 STREET ADDRESS **3420 HIGHLANDS BRIDGE RD**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **VD** Delete
 NAME **CLOUD, LADONNA**
 STREET ADDRESS **3436 HIGHLANDS BRIDGE RD**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *L. Pauline Holovak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 8, 2000

Date

Daytime Phone

941-377-5794

CRP2537 (0/00)