

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

0075852

DOCUMENT # N37609

1. Entity Name

SCARBOROUGH COMMON COMMUNITY ASSOCIATION, INC.

04-26-2001 90211 006 ****61.25

Principal Place of Business

5037 RINGWOOD MEADOW
 SARASOTA FL 34235

Mailing Address

5037 RINGWOOD MEADOW
 SARASOTA FL 34235

331000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0202907**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 **Don Cloud**
 Street Address (P.O. Box Number is Not Acceptable)
3436 Highlands Bridge Rd
 City **Sarasota** FL Zip Code **34235**

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 **Donald E. Cloud** **DON CLOUD P/D** **4/15/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STUPACK, IRWIN 3405 HIGHLANDS BRIDGE RD SARASOTA FL 34235 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLOUAK, PAULINE 3432 HIGHLANDS BRIDGE SARASOTA FL 34235 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BORCHERS, ARTHUR 3408 HIGHLANDS BRIDGE RD SARASOTA FL 34235 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EVANS, JOANN 3420 HIGHLANDS BRIDGE RD SARASOTA FL 34235 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLOUD, LADONNA 3436 HIGHLANDS BRIDGE RD SARASOTA FL 34235 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jean Batten S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3448 Highlands Bridge Rd Sarasota, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dean R Harloff 3434 Highlands Bridge Rd Sarasota, FL 34235 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Don Cloud
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Beverly Ricciardi 3445 Highlands Bridge Rd Sarasota, FL 34235

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: **Dean R Harloff** **T/D** **4/15/01** **(941) 342-7545**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)