

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90291 038 ****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**

2. Principal Place of Business: **2004 LONGMEADOW**
 Suite, Apt. #, etc.

3. Mailing Address: **2004 LONGMEADOW**
 Suite, Apt. #, etc.

City & State: **SARASOTA, FL**

City & State: **SARASOTA, FL**

Zip: **34235** Country: **USA**

Zip: **34235** Country: **USA**

1st MOORE CR2E037 (10/04)

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
GARVEY, MICHAEL
3441 HIGHLANDS BRIDGE RD.
SARASOTA FL 34235

7. Name and Address of New Registered Agent
 Name: **N/C**
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Michael J. Garvey* (NOTE: Registered Agent signature required when reinstating) DATE: **4/13/05**

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	EVANS, JOANN	
STREET ADDRESS	3420 HIGHLANDS BRIDGE RD.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANCISCO, DAVID	
STREET ADDRESS	3437 HIGHLADS BRIDGE RD.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HARLOFF, DEAN R	
STREET ADDRESS	3434 HIGHLANDS BRIDGE RD.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOLLEVOLL, CAROL	
STREET ADDRESS	3412 HIGHLANDS BRIDGE RD.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRISH, RONNIE	
STREET ADDRESS	3426 HIGHLANDS BRIDGE RD.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR H. BORCHERS	
STREET ADDRESS	3408 HIGHLANDS BRIDGE RD.	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARVEY, MICHAEL	
STREET ADDRESS	3441 HIGHLANDS BRIDGE RD	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, JOSEPH	
STREET ADDRESS	3424 HIGHLANDS BRIDGE RD	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael J. Garvey* Date: **4/13/05** Daytime Phone #: **941-342-6340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR