
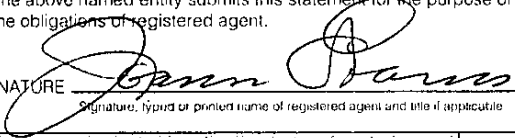


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90017 014 ****61.25

DOCUMENT # N37609					
1. Entity Name SCARBOROUGH COMMON COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 2004 LONGMEADOW SARASOTA FL 34235			Mailing Address 2004 LONGMEADOW SARASOTA FL 34235		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0202907	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>JOANN EVANS</u> Street Address (P.O. Box Number is Not Acceptable) <u>3420 HIGHLANDS BRIDGE RD</u> City <u>SARASOTA</u> FL Zip Code <u>34235</u>		
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 			DATE <u>2/21/06</u>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVANS, JOANN	NAME	EVANS, JOANN		
STREET ADDRESS	3420 HIGHLANDS BRIDGE RD.	STREET ADDRESS	3420 HIGHLANDS BRIDGE RD		
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP	SARASOTA, FL 34235		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANCISCO, DAVID	NAME			
STREET ADDRESS	3437 HIGHLADS BRIDGE RD.	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BORCHERS, ARTHUR H	NAME			
STREET ADDRESS	3408 HIGHLANDS BRIDGE RD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GARVEY, MICHEAL	NAME	CLOUD, LADONNA		
STREET ADDRESS	3441 HIGHLANDS BRIDGE RD	STREET ADDRESS	3436 HIGHLANDS BRIDGE RD		
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP	SARASOTA, FL 34235		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARRISH, RONNIE	NAME			
STREET ADDRESS	3426 HIGHLANDS BRIDGE RD.	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLINS, JOSEPH	NAME			
STREET ADDRESS	3424 HIGHLANDS BRIDGE RD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP			



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Arthur H Borchers TD ARTHUR H BORCHERS 2/28/06 941-378-0152