2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2007 8:00 am

DOCUMENT # N37609					03-28-2007 90013 042 ****61.25						
Entity Name SCARBOROUGH COMMON COMMUNITY ASSOCIATION, INC.											
Principal Plac 2004 LONGN SARASOTA, F	READOW	Mailing Address 2004 LONGMEADOW SARASOTA, FL 34235				11 +84+8 DIGU P81	15 IDK B(B()	P1 P14 B4B14 #149	1 2 1 2 11 212 11	11 41 4 1 1 42 1	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		2082007	Chg-NP	CF	R2E037 (1	2/06)		
City & State		City & State		4.	FEI Number 65-02029	07				plied For t Applicable	
Zip	Country	Zip	Country	5.	Certificate of	Status Desire	ed [75 Addi Required	itional	
	6. Name and Address of Current R	egistered Agent		7.	Name and Ad	idress of Ne	w Regist	tered Agen	ıt.		
F7 (41) 0 1	2444		Name								
	JANN HLANDS BRIDGE ROAD 'A, FL 34235		Street Address (I			(P.O. Box Number is Not Acceptable)					
			City					<u> FL</u>	Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	jistered office or	registered a	gent, or both, i	in the State o	of Florida.	I am famil	iar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent ar	od title if applicable. (NOTE: Re	gistered Agent signatur	ire required when	reinstating)			DATE			
SIGNATURE .	Signature, typed or printed name of registered agent as Filling Fee Is \$61.25 Due by May 1, 2007	sd title if applicable. (NOTE: Re 9. Election Campa Trust Fund Cont	aign Financing	\$5	.00 May Be		Make	check pa	•		
SIGNATURE	Filing Fee is \$61.25	9. Election Campa Trust Fund Cont	aign Financing	\$5.	.00 May Be	l	Make Florida i	check pay	nt of St	ate	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Cont	ign Financing tribution.	\$5.	.00 May Be led to Fees	l	Make Florida i	check pay Department	nt of St	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: SIGNATURE AND TYPED OF PRINTED HARE OF SIGNING OFFICER OR DIRECT

March 26, 2007 941-378-0152