

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004964

**Entity Name:** SCOTTSMOOR COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**SCOTTSMOOR MEETING HALL  
3724 MAGOON AVENUE  
SCOTTSMOOR, FL 32754**Current Mailing Address:**P O BOX 657  
SCOTTSMOOR, FL 32775 US**FEI Number:** 80-0905406**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BIRD, ROBERT L  
6065 MAGNOLIA STREET  
MIMS, FL 32754 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	BENSON, ARNOLD
Address	5751 STAMFORD STREET
City-State-Zip:	MIMS FL 32754

Title	T
Name	KYLE, BRYAN
Address	P.O. BOX 503
City-State-Zip:	SCOTTSMOOR FL 32775

Title	VP
Name	GOFORTH, JOE
Address	SCOTTSMOOR MEETING HALL 3724 MAGOON AVENUE
City-State-Zip:	SCOTTSMOOR FL 32754

Title	S
Name	MINCH, TRENT
Address	SCOTTSMOOR MEETING HALL 3724 MAGOON AVENUE
City-State-Zip:	SCOTTSMOOR FL 32754

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** BRYAN J KYLE**TREASURER****01/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date