

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 703241**

1. Entity Name  
**JAMES E. SCOTT COMMUNITY ASSOCIATION,  
INCORPORATED**



Principal Place of Business  
**2389 NW 54TH STREET  
MIAMI, FL 33142-2946 US**

Mailing Address  
**2389 NW 54TH STREET  
MIAMI, FL 33142-2946 US**



06292005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-0711178**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ROLLE, DORRIN D.  
2389 N.W. 54TH STREET  
MIAMI, FL 33142**

**DO NOT WRITE  
IN THIS SPACE**

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 **N/A**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**UN00000373542  
07/19/05-80002-021 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HANDFIELD, LARRY 4770 BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRUEBLOOD, KENNETH 911 SW 88 AVE PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, GLENDA G. 270 N. W. 120TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMAR, JAMES E. 13121 N. W. 18TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOLLOWAY, WILBERT T 150 W. FLAGLER STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUSH, BERNADINE 3015 NW 49 ST MIAMI, FL

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dorrian D. Rolle, President & C.E.O.**

**June 29, 2005**

**(305) 637-1018**

Date

Daytime Phone #