

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004964

FILED
Jan 28, 2008
Secretary of State

Entity Name: SCOTTSMOOR COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

SCOTTSMOOR MEETING HALL
CORNER OF MAGOON & STAMFORD
SCOTTSMOOR, FL 32775 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 657
SCOTTSMOOR, FL 32775 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRD, ROBERT L
6065 MAGNOLIA STREET
SCOTTSMOOR, FL 32775 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SYVERSON, MARIEANNE
Address: 3455 SUNSET AVENUE
City-St-Zip: SCOTTSMOOR, FL 32775 US

Title: VP () Delete
Name: BENSON, ARNOLD JR.
Address: 5751 STAMFORD STREET
City-St-Zip: SCOTTSMOOR, FL 32775 US

Title: T () Delete
Name: VAN GILDER, GLENDA
Address: 5005 ROSE MARIE PL.
City-St-Zip: MIMS, FL 32754 US

Title: S () Delete
Name: PEREZ, WENDY
Address: 5811 LORD STREET
City-St-Zip: SCOTTSMOOR, FL 32775 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIEANNE SYVERSON

PRES

01/28/2008

Electronic Signature of Signing Officer or Director

Date