

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07445

FILED
Apr 02, 2009
Secretary of State

Entity Name: SCARBOROUGH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10950 SCARBOROUGH DRIVE
DAVIE, FL 33324 US

New Principal Place of Business:

Current Mailing Address:
C/O LANDMARK MANAGEMENT
1941 SW 150 AVE
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 59-2589878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A.
2699 STIRLING RD., SUITE C207
FORT LAUDERDALE, FL 33021 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: TD () Delete
Name: CRITES, MICHELLE
Address: 1181 SW 109TH LN
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: GROSS, MARTINE
Address: 1061 SW 111 TERRACE
City-St-Zip: DAVIE, FL 33024

Title: PD () Delete
Name: ASENCO, DAVID
Address: 1121 SW 110 LANE
City-St-Zip: DAVIE, FL 3324

Title: SD () Delete
Name: AMATO, SHARON
Address: 1070 SW 110TH LN
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: VD () Delete
Name: SWANK, MARILYN
Address: 10821 SW MANO
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: SCHWARTZ, RICHARD
Address: 1101 SW 111 WAY
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ASENCO, DAVID
Address: 1121 SW 110 LANE
City-St-Zip: DAVIE, FL 3324

Title: PD (X) Change () Addition
Name: AMATO, SHARON
Address: 1070 SW 110TH LN
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: D (X) Change () Addition
Name: SWANK, MARILYN
Address: 10821 SW MANO
City-St-Zip: DAVIE, FL 33324

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: SHARON AMATO

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date