

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37609

FILED
Mar 29, 2009
Secretary of State

Entity Name: SCARBOROUGH COMMON COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2004 LONGMEADOW
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

2004 LONGMEADOW
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 65-0202907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORCHERS, ARTHUR H
3408 HIGHLANDS BRIDGGE RD
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

CASSIN, THOMAS E
3432 HIGHLANDS BRIDGGE RD
SARASOTA, FL 34235 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: THOMAS E CASSIN

03/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EVANS, JOANN
Address: 3420 HIGHLANDS BRIDGE RD.
City-St-Zip: SARASOTA, FL 34235

Title: VD (X) Delete
Name: ABRAMS, LITO
Address: 3421 HIGHLANDS BRIDGE RD
City-St-Zip: SARASOTA, FL 34235

Title: TD () Delete
Name: BORCHERS, ARTHUR H
Address: 3408 HIGHLANDS BRIDGE RD
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: CLOUD, LADONNA
Address: 3436 HIGHLANDS BRIDGE RD
City-St-Zip: SARASOTA, FL 34235

Title: VD () Delete
Name: COLLINS, JOSEPH
Address: 3424 HIGHLANDS BRIDGE RD
City-St-Zip: SARASOTA, FL 34235

Title: PD () Delete
Name: GIGLIO, JOSEPH
Address: 3449 HIGHLANDS BRIDGE RD
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: FRANCISCO, SUSAN
Address: 3437 HIGHLANDS BRIDGE RD.
City-St-Zip: SARASOTA, FL 34235

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

Title: TD (X) Change () Addition
Name: CASSIN, THOMAS E
Address: 3432 HIGHLANDS BRIDGE RD
City-St-Zip: SARASOTA, FL 34235

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: THOMAS E CASSIN

TD

03/29/2009

Electronic Signature of Signing Officer or Director

Date