

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90048 029 ***150.00

DOCUMENT # P04000052104

1. Entity Name
SCARBOROUGH PROPERTY MANAGEMENT, INC.



Principal Place of Business
101 N. RIVERSIDE DRIVE
#805
NEW SMYRNA BEACH, FL 32168

Mailing Address
101 N. RIVERSIDE DRIVE
#805
NEW SMYRNA BEACH, FL 32168

40021346



DO NOT WRITE IN THIS SPACE

02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0904458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY & TRUMBO, P.A.
340 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCARBOROUGH, KAREN J
STREET ADDRESS	SCARBOROUGH, FRANK G
CITY-ST-ZIP	101 N. RIVERSIDE DRIVE, #805 NEW SMYRNA BEACH, FL 32168

TITLE	VP
NAME	SCARBOROUGH, KAREN J
STREET ADDRESS	1529 ORANGE TREE DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32132

TITLE	SEC
NAME	SCARBOROUGH, KAREN J
STREET ADDRESS	1529 ORANGE TREE DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32132

TITLE	TR
NAME	SCARBOROUGH, KAREN J
STREET ADDRESS	1529 ORANGE TREE DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32132

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

K. Scarborough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/07 (36) 428-1400