

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006188

**FILED
Mar 12, 2021
Secretary of State
8056951275CC**

Entity Name: SCARBOROUGH ESTATES AT PGA VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986

Current Mailing Address:

C/O WATSON ASSOCIATION MANAGMENT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986 US

FEI Number: 20-3814270

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986 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: KIMBERLY R SNYDER

03/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, SECRETARY
Name LEACH, GENE
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title VP
Name PAYNE, DENNIS
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title PRESIDENT
Name HOWARD, ALLAN
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

I hereby 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 all other like empowered.

SIGNATURE: ALLAN HOWARD

PRESIDENT

03/12/2021

Electronic Signature of Signing Officer/Director Detail

Date