

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004964

**FILED**  
**Jan 30, 2015**  
**Secretary of State**  
**CC6849724932**

**Entity Name:** SCOTTSMOOR COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

SCOTTSMOOR MEETING HALL  
3724 MAGOON AVENUE  
SCOTTSMOOR, FL 32754

**Current Mailing Address:**

P O BOX 657  
SCOTTSMOOR, FL 32775 US

**FEI Number:** 80-0905406

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BIRD, ROBERT L  
6065 MAGNOLIA STREET  
MIMS, FL 32754 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BENSON, ARNOLD  
Address 5751 STAMFORD STREET  
City-State-Zip: MIMS FL 32754

Title VP  
Name GOFORTH, JOE  
Address SCOTTSMOOR MEETING HALL  
3724 MAGOON AVENUE  
City-State-Zip: SCOTTSMOOR FL 32754

Title T  
Name KYLE, BRYAN  
Address P.O. BOX 503  
City-State-Zip: SCOTTSMOOR FL 32775

Title S  
Name MINCH, TRENT  
Address SCOTTSMOOR MEETING HALL  
3724 MAGOON AVENUE  
City-State-Zip: SCOTTSMOOR FL 32754

*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:** BRYAN J KYLE

**TREASURER**

**01/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date