


2006.NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N21025	
1. Entity Name	
VILLAS OF LAKE ARBOR UNIT 6A CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
C/O SEABOARD ARBORS MANAG SVC INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765	C/O SEABOARD ARBORS MANAG SVC INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number	59-2987748	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEIGHTON, LENNARD C/O SEABOARD ARBORS MGT. SERVICES 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	WAMS, DICK
STREET ADDRESS	2050 LAKEVIEW DR. #102
CITY-ST-ZIP	CLEARWATER FL 33763
TITLE	VPD <input type="checkbox"/> Delete
NAME	MEIKELJOHN, BARBARA
STREET ADDRESS	2050 LAKE VIEW DR. #201
CITY-ST-ZIP	CLEARWATER FL 33763
TITLE	SD <input type="checkbox"/> Delete
NAME	CATALANO, NANCY
STREET ADDRESS	2050 LAKEVIEW DR. #203
CITY-ST-ZIP	CLEARWATER FL 33763
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000493189
04/19/06-80095-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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.