

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23796 (8)

1. Corporation Name
VILLAS OF LAKE ARBOR UNIT 6B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O SEABOARD ARBORS MANAGEMENT SERVICES.IN 1700 MC MULLEN BOOTH RD..STE.C-3 CLEARWATER FL 34619	Mailing Address C/O SEABOARD ARBORS MANAGEMENT SERVICES.IN 1700 MC MULLEN BOOTH RD..STE.C-3 CLEARWATER FL 34619-2129
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified 12/09/1987	3a. Date of Last Report 03/14/1996
4. FEI Number 59-2987750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEIGHTON, LENNARD A.
1700 MCMULLEN BOOTH ROAD
STE C-3
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME SNAPP, CHARLES L	
STREET ADDRESS 2070 LAKEVIEW DR #203	
CITY-ST-ZIP CLEARWATER FL	
TITLE TVD	<input type="checkbox"/> DELETE
NAME SIRCHIA, SAMUEL	
STREET ADDRESS 2070 LAKEVIEW DR #101	
CITY-ST-ZIP CLEARWATER FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME JUNG, ROLAND	
STREET ADDRESS 2070 LAKEVIEW DR #103	
CITY-ST-ZIP CLEARWATER FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE D-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE D-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Lancaster, Sue	
4.3 STREET ADDRESS 2070 Lakeview Dr. #102	
4.4 CITY-ST-ZIP Clearwater, FL	
5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Sandefur, Charles'	
5.3 STREET ADDRESS 2070 Lakeview Dr. #102	
5.4 CITY-ST-ZIP Clearwater, FL	
6.1 TITLE DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME McGinley, Helen	
6.3 STREET ADDRESS 2070 Lakeview Dr. #102	
6.4 CITY-ST-ZIP Clearwater, FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

2-27-1997-812-724-0552