

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31463

1. Entity Name

VILLAS OF LAKE ARBOR UNIT 6C CONDOMINIUM ASSOCIA

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90003 042 ****61.25

Principal Place of Business

Mailing Address

1700 MCMULLEN BOOTH RD
STE G3
CLEARWATER FL 34619

1700 MCMULLEN BOOTH RD
STE G3
CLEARWATER FL 33759-2130

2. Principal Place of Business

3. Mailing Address

C/O SEABOARD ARBORS
MANAGEMENT SVC, INC
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765
US

C/O SEABOARD ARBORS
MANAGEMENT SVC, INC
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2987751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARA A
C/O SEABOARD ARBORS MGT SER INC
1700 MCMULLEN BOOTH RD SUITE C-3
CLEARWATER FL 34619

LEIGHTON, LEN
C/O SEABOARD ARBORS
MANAGEMENT SVC, INC
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765
US

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME MAHONEY, JAMES
STREET ADDRESS 2040 LAKEVIEW DR. #206
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HAYS, GENE
STREET ADDRESS 2040 LAKEVIEW DR #204
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CARTER, MARJORIE
STREET ADDRESS 2040 LAKEVIEW DR. #201
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SWIERCZYNSKI, FRANK
STREET ADDRESS 2040 LAKEVIEW DR. #106
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOITON, JOHN
STREET ADDRESS 2040 LAKEVIEW DR #205
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☒ Addition
NAME D
ONDER, ANDREW
STREET ADDRESS 2040 LAKEVIEW DRIVE #201
CITY-ST-ZIP CLEARWATER, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME TD
STACI, MICHAEL
STREET ADDRESS 2040 LAKEVIEW DRIVE #203
CITY-ST-ZIP CLEARWATER, FL

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Frank Swierczynski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00

Date

Daytime Phone #

CR-1 017 (9/99)