

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21025

Entity Name: VILLAS OF LAKE ARBOR UNIT 6A CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434 STE 5000
LONGWOOD, FL 33763**Current Mailing Address:**2180 WEST SR 434 STE 5000
LONGWOOD, FL 33763 US**FEI Number: 59-2987748****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 33763 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: BRADLEY POMP****04/09/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---------------------------|
| Title | PRESIDENT, DIRECTOR |
| Name | OLDA, JON |
| Address | 2180 WEST SR 434 STE 5000 |
| City-State-Zip: | LONGWOOD FL 33763 |

| | |
|-----------------|---------------------------|
| Title | VP, DIRECTOR |
| Name | MILLER, JAMES |
| Address | 2180 WEST SR 434 STE 5000 |
| City-State-Zip: | LONGWOOD FL 33763 |

| | |
|-----------------|-----------------------------------|
| Title | SECRETARY, TREASURER, DIRECTOR |
| Name | DANIELS, CAROLYN |
| Address | 2180 WEST SR 434 STE 5000 |
| City-State-Zip: | LONGWOOD FL 33763 |

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: JON OLDA**PRESIDENT****04/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date