## 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: WILLIAM MEYER

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/08/2015

Date

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

## (

City-State-Zip: SAFETY HARBOR FL 34695

| Officer/Director Detail : |                          |                 |                          |
|---------------------------|--------------------------|-----------------|--------------------------|
| Title                     | PD                       | Title           | VPD                      |
| Name                      | MEYER, WILLIAM           | Name            | IJAMS, BARBARA           |
| Address                   | 2050 LAKEVIEW DRIVE #103 | Address         | 2050 LAKEVIEW DRIVE #102 |
| City-State-Zip:           | CLEARWATER FL 33763      | City-State-Zip: | SAFETY HARBOR FL 34695   |
|                           |                          |                 |                          |
| Title                     | TSD                      |                 |                          |
| Name                      | OLDA, JON                |                 |                          |
| Address                   | 2050 LAKEVIEW DRIVE #202 |                 |                          |
|                           |                          |                 |                          |

# Name and Address of Current Registered Agent:

SUITE 204

KRICK, JOHN H 2420 ENTERPRISE RD

SUITE 204

### FEI Number: 59-2987748

**Current Mailing Address:** 

CLEARWATER, FL 33763

ASSOCIATION, INC.

2420 ENTERPRISE RD

SUITE 204

2420 ENTERPRISE RD CLEARWATER, FL 33763 US

Current Principal Place of Business:

CLEARWTAER, FL 33763 US

### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N21025

Entity Name: VILLAS OF LAKE ARBOR UNIT 6A CONDOMINIUM

FILED Apr 08, 2015 Secretary of State CC0262302003

Certificate of Status Desired: No

Date