

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01091

FILED
Jan 06, 2010
Secretary of State

Entity Name: VILLAS OF LAKE ARBOR COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O SEABOARD ARBORS MAMGEMENT SVC INC
2189 CLEVELAND ST SUITE225
CLEARWATER, FL 33765

New Principal Place of Business:

C/O SEABOARD ARBORS MAMGEMENT SVC INC
2189 CLEVELAND ST SUITE 225
CLEARWATER, FL 33765

Current Mailing Address:

C/O SEABOARD ARBORS MAMGEMENT SVC INC
2189 CLEVELAND ST SUITE225
CLEARWATER, FL 33765

New Mailing Address:

C/O SEABOARD ARBORS MAMGEMENT SVC INC
2189 CLEVELAND ST SUITE 225
CLEARWATER, FL 33765

FEI Number: 59-2987563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A.
C/O SEABOARD ARBORS MGT. SERVICES
2189 CLEVELAND STREET SUITE 225
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DINNSEN, JACK
Address: 2263 LAKE ARBOR BLVD
City-St-Zip: CLEARWATER, FL 33763

Title: SD
Name: MANGO, PETER
Address: 2231 LAKE ARBOR BLVD
City-St-Zip: CLEARWATER, FL 33763

Title: TD
Name: MEYER, BILL
Address: 2050 LAKEVIEW DR #103
City-St-Zip: CLEARWATER, FL 33763

Title: D
Name: MCGIFFIN, DIANE
Address: 2067 LAKEVIEW DR
City-St-Zip: CLEARWATER, FL 33763

Title: VPD
Name: AZARVA, HAL
Address: 2035 ARBOR LANE
City-St-Zip: CLEARWATER, FL 33763

Title: D
Name: CHESTER, MILDRED
Address: 2060 GROVE LANE
City-St-Zip: CLEARWATER, 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: JACK DINNSEN

PD

01/06/2010

Electronic Signature of Signing Officer or Director

Date