

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01091

FILED
Apr 14, 2011
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 SUITE 225
CLEARWATER, FL 33765

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

Current Mailing Address:

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

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

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:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR

04/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GOULD, DUANE
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: SD
Name: MCGIFFIN, PETE
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: TD
Name: PERRY, BETTY
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: KRICK, JOHN
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: WOOD, EVALYN
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

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: DUANE GOULD

PD

04/14/2011

Electronic Signature of Signing Officer or Director

Date