

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 APR 27 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21025** (4)

1. Corporation Name

VILLAS OF LAKE ARBOR UNIT 6A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1700 MCMULLEN BOOTH RD
STE C3
CLEARWATER FL 34619

1700 MCMULLEN BOOTH RD
STE C3
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

06/08/1987

03/16/1994

4. FBI Number

59-2987748

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HICKS, JOYCE M.
1700 MCMULLEN BOOTH ROAD
SUITE C3
CLEARWATER FL 34619

81 Name

Leighton Leonard A

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Seaboard Harbors Mgt Services

83

1700 McMullen Booth Rd, Ste C-3

84 City

Clearwater

85 Zip Code

FL 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1018, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of board of directors member or registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LIAMS, RICHARD
STREET ADDRESS 2050 LAKEVIEW DR., #102
CITY - ST - ZIP CLEARWATER FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD
NAME COLOM, SANTIAGO
STREET ADDRESS 2050 LAKEVIEW DR., #203
CITY - ST - ZIP CLEARWATER FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

8888881469372
-05/01/95--01081--012
****130.00 ****130.00

TITLE STD
NAME MEIKLEJOHN, BARBARA
STREET ADDRESS 2050 LAKEVIEW DR., #201
CITY - ST - ZIP CLEARWATER FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

TAM
4/27/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard I. Liams RICHARD I. LIAMS

3/1/95

791-6571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #