

FILE NOW: FILING FEE IS \$61.25

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Mar 08, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21025

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

Principal Place of Business 1700 MCMULLEN BOOTH RD STE C3 CLEARWATER FL 34619	Mailing Address 1700 MCMULLEN BOOTH RD STE C3 CLEARWATER FL 34619
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/08/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2987748
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LEIGHTON, LENNARD
C/O SEABOARD ARBORS MGT. SERVICES
1700 MCMULLIN BOOTH RD. STE.C-3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	IJAMS, RICHARD	
STREET ADDRESS	2050 LAKEVIEW DR., #102	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLOM, SANTIAGO	
STREET ADDRESS	2050 LAKEVIEW DR., #203	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MEIKLEJOHN, BARBARA	
STREET ADDRESS	2050 LAKEVIEW DR., #201	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	COLOM, SANTIAGO
2.4 CITY-ST-ZIP	2050 LAKEVIEW DR. #203 CLEARWATER FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP,TD
4.3 STREET ADDRESS	PIPPITT, CHARLES
4.4 CITY-ST-ZIP	2050 LAKEVIEW DR., #103 CLEARWATER FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD
5.3 STREET ADDRESS	HARVEY, MARY
5.4 CITY-ST-ZIP	2050 LAKEVIEW DR., #101 CLEARWATER FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED 2-12-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)