

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N21025

VILLAS OF LAKE ARBOR UNIT 6A CONDOMINIUM ASSOCIA TION, INC.

Principal Place of Business

1700 MCMULLEN BOOTH RD

STE C3

CLEARWATER FL 34619

Mailing Address

1700 MCMULLEN BOOTH RD

CLEARWATER FL 34619

FILED Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90041 050 ****61.25



2.	Principal Place of Business 2a. Mailing Address							3. Date Incorporated or Qualifed							
21			_ 26 .			-	_===		06/08/1987		. i i -	<u></u>			
	Suite, Apt.	#, etc.	\perp	Suite, Apt. #, etc.					4. FEI Number			_	olied For		
22			27			_			<u>59-2987748</u>				Applicable		
23	City & State	е	28	City & State					5. Certifcate of Status Desired		• •	6.75 A Fee Re	dditional quired		
	Zip	Country		Zip Cou			ountry		6. Election Campaign Financing		\$	5.00	May Be		
24	·	25 29 30				Trust Fund Contribution Added				Added t	Fees				
بت.		9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent							
						81	Name	ame							
LEICHTON LENMARD							60) Chart Address (D.O. Bay Number in Not Assessable)								
CEIGHTON, CEIMAND						82 Street Address (P.O. Box Number is Not Acceptable)									
C/O SEABOARD ARBORS MGT. SERVICES						33									
1700 MCMULLIN BOOTH RD. STE.C-3				,			84 City								
CLEARWATER FL 34619							City	FL			85	85 Zip Code			
				47 4800 Ft-14- Ct-14-	- 455				ation authority this statement for the s			nina ite	registered		
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.															
SI	GNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE:	Registered A	gent	t signature req	uired w	hen reinstating)	DATE					
12		OFFICERS AND			13.				ADDITIONS/CHANGES TO OFF	ICERS A	ND DI	RECTO			
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NAME		IJAMS, RICHARD			1.2 NAM	1.2 NAME									
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CITY-ST-ZIP		CLEARWATER FL					r-ZIP								
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NAI	ME	MEIKLEJOHN, BARBARA			3.2 NAV										
STF	REET ADDRESS	2050 LAKEVIEW DR., #201			3.3 STR	EET	ADDRESS								
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NAME		4			4. 2 NA	4.2 NAME		PIF	PITT, CHARLES SO LAKEVIEW DR., #10	·з [:]					
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СІТ	Y-ST-ZIP	4.4.0				4.4 CITY-ST-ZIP									
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STREET ADDRESS		5.3			5.3 STR	53 STREET ADDRESS		205	2050 LAKEVIEW DR #101						
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t					6.3 STR	EET	ADDRESS								
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CIT	Y-ST-ZIP				0.4 0.11	-31	T-21F								

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:

2-12.99