


FILE NOW: FILING FEE IS \$61.25

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

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

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N21025</b>					
1. Corporation Name <b>VILLAS OF LAKE ARBOR UNIT 6A CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1700 MCMULLEN BOOTH RD STE C3 CLEARWATER FL 34619</b>			Mailing Address <b>1700 MCMULLEN BOOTH RD STE C3 CLEARWATER FL 34619</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/08/1987</b> 4. FEI Number <b>59-2987748</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>LEIGHTON, LENNARD C/O SEABOARD ARBORS MGT. SERVICES 1700 MCMULLIN BOOTH RD. STE.C-3 CLEARWATER FL 34619</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>PD IJAMS, RICHARD</b> STREET ADDRESS <b>2050 LAKEVIEW DR., #102</b> CITY-ST-ZIP <b>CLEARWATER FL</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>VD COLOM, SANTIAGO</b> STREET ADDRESS <b>2050 LAKEVIEW DR., #203</b> CITY-ST-ZIP <b>CLEARWATER FL</b>			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>PD COLOM, SANTIAGO</b> 2.3 STREET ADDRESS <b>2050 LAKEVIEW DR. #203</b> 2.4 CITY-ST-ZIP <b>CLEARWATER FL</b>		
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>STD MEIKLEJOHN, BARBARA</b> STREET ADDRESS <b>2050 LAKEVIEW DR., #201</b> CITY-ST-ZIP <b>CLEARWATER FL</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>VP,TD PIPPITT, CHARLES</b> 4.3 STREET ADDRESS <b>2050 LAKEVIEW DR., #103</b> 4.4 CITY-ST-ZIP <b>CLEARWATER FL</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>SD HARVEY, MARY</b> 5.3 STREET ADDRESS <b>2050 LAKEVIEW DR., #101</b> 5.4 CITY-ST-ZIP <b>CLEARWATER FL</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)