

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90213 041 ****61.25

DOCUMENT # N21025

1. Entity Name

VILLAS OF LAKE ARBOR UNIT 6A CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

1700 MCMULLEN BOOTH RD
 STE C3
 CLEARWATER FL 34619

1700 MCMULLEN BOOTH RD
 STE C3
 CLEARWATER FL 33759-2129

2. Principal Place of Business

3. Mailing Address

C/O SEABOARD ARBORS
 MANAGEMENT SVC, INC
 2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER, FL 33765
 US

C/O SEABOARD ARBORS
 MANAGEMENT SVC, INC
 2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER, FL 33765
 US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2987748

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street
 City

LEIGHTON, LEN
 C/O SEABOARD ARBORS
 MANAGEMENT SVC, INC
 2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER, FL 33765
 US

FL Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLOM, SANTIAGO 2050 LAKEVIEW DR., #203 CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PIPPITT, CHARLES 2050 LAKEVIEW DR.-#103 CLEARWATER LF <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY, MARY 2050 LAKEVIEW DR., #101 CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
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12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2000

Date

Daytime Phone #