


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90029 033 ****61.25

DOCUMENT # N21025 1. Entity Name VILLAS OF LAKE ARBOR UNIT 6A CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business C/O SEABOARD ARBORS MANAG SVC INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765	Mailing Address C/O SEABOARD ARBORS MANAG SVC INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number 59-2987748	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent LEIGHTON, LENNARD C/O SEABOARD ARBORS MGT. SERVICES 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	---

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	PTD IJAMS, DICK 2050 LAKEVIEW DR. #102 CLEARWATER FL 33763 <input type="checkbox"/> Delete	TITLE NAME	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	VPD MEIKELJOHN, BARBARA 2050 LAKE VIEW DR. #201 CLEARWATER FL 33763 <input checked="" type="checkbox"/> Delete	TITLE NAME	TD SEADOR, KATHLEEN 2070 LAKEVIEW DR 103 CLEARWATER, FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	SD CATALANO, NANCY 2050 LAKEVIEW DR. #203 CLEARWATER FL 33763 <input type="checkbox"/> Delete	TITLE NAME	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	SD HUPFER, MAX 2070 LAKEVIEW DR 202 CLEARWATER, FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Jams (Pres)* 2/28/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #