

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90126 042 \*\*\*\*61.25



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

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)  
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  
**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 **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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	IJAMS, DICK	
STREET ADDRESS	2050 LAKEVIEW DR. #102	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SEADOR, KATHLEEN	
STREET ADDRESS	2070 LAKEVIEW DR 103	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATALANO, NANCY	
STREET ADDRESS	2050 LAKEVIEW DR. #203	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUPNER, MAX	
STREET ADDRESS	2070 LAKEVIEW DR 202	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VPTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, CAROLYN	
STREET ADDRESS	2050 LAKEVIEW DRIVE #201	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Max Hupner*