2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21025

FILED Jan 26, 2009 Secretary of State

Entity Name: VILLAS OF LAKE ARBOR UNIT 6A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2987748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEIGHTON, LENNARD C/O SEABOARD ARBORS MGT. SERVICES 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VPTD () Delete

 Name:
 CAROLYN, DANIELS

 Address:
 2050 LAKEVIEW DRIVE #201

 City-St-Zip:
 CLEARWATER, FL 33763

Title: SD () Delete
Name: CATALANO, NANCY
Address: 2050 LAKEVIEW DR #203

Address: 2050 LAKEVIEW DR. #203 City-St-Zip: CLEARWATER, FL 33763

Title: PD () Delete Name: HUPNER, MAX

Address: 2070 LAKEVIEW DR 202
City-St-Zip: CLEARWATER, FL 33763

Title: PD (X) Change () Addition

Name: MEYER, WILLIAM

Address: 2050 LAKEVIEW DRIVE #103 City-St-Zip: CLEARWATER, FL 33763

City-St-Zip: CLEARWATER, FL 33763

Title: VPD (X) Change () Addition

Name: CATALANO, NANCY
Address: 2050 LAKEVIEW DR. #203
City-St-Zip: CLEARWATER, FL 33763

Title: STD (X) Change () Addition

 Name:
 HUPNER, MAX

 Address:
 2070 LAKEVIEW DR 202

 City-St-Zip:
 CLEARWATER, FL 33763

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MEYER PD 01/26/2009