## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23796

FILED Jan 26, 2009 Secretary of State

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

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

C/O SEABOARD ARBORS MGMT. SVC, INC. 2189 CLEVELAND ST. STE 225 CLEARWATER, FL 33765 US

Current Mailing Address: New Mailing Address:

C/O SEABOARD ARBORS MGMT. SVC, INC. 2189 CLEVELAND ST. STE 225 CLEARWATER, FL 33765 US

FEI Number: 59-2987750 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 A. 2189 CLEVELAND ST- STE 225 C/O SEABOARD ARBORS MGMT SVC, INC. 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: DP () Delete Title: PD (X) Change () Addition

Name: JUNG, ROLAND Name: JUNG, ROLAND

 Address:
 2070 LAKEVIEW DR #103
 Address:
 2070 LAKEVIEW DR #103

 City-St-Zip:
 CLEARWATER, FL
 City-St-Zip:
 CLEARWATER, FL

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MCLAY, DAVID
 Name:

 Address:
 2070 LAKEVIEW DRIVE 205
 Address:

 City-St-Zip:
 CLEARWATER, FL
 City-St-Zip:

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KELLER, LESLIE
 Name:

 Address:
 2070 LAKEVIEW DR #104
 Address:

 City-St-Zip:
 CLEARWATER, FL 33763
 City-St-Zip:

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: ROLAND JUNG PD 01/26/2009