

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31463

FILED
Jan 26, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2987751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LEN
C/O SEABOARD ARBORS MGT SER INC
2189 CLEVELAND ST STE 225
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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:

Title: TD () Delete
Name: GOITON, JOHN
Address: 2040 LAKEVIEW DR. #202
City-St-Zip: CLEARWATER, FL 33763

Title: PD () Delete
Name: SWIERCZYNSKI, FRANK
Address: 2040 LAKEVIEW DR. #106
City-St-Zip: CLEARWATER, FL

Title: SD () Delete
Name: DRUNG, DONALD
Address: 2040 LAKEVIEW DRIVE #101
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: PERRY, BETTY
Address: 2040 LAKEVIEW DR. #106
City-St-Zip: CLEARWATER, FL 33763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: FRANK SWIERCZNSKI

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date