2008 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

Secretary of State ANNUAL REPORT 02-04-2008 90053 004 ****61.25 **DOCUMENT #765117** 1. Entity Name LEEVISTA OWNERS ASSOCIATION, INC. 40017523 Principal Place of Business Mailing Address 7050 AUGUSTA NATIONAL DRIVE 7050 AUGUSTA NATIONAL DRIVE P. O. BOX 620365 P. O. BOX 620365 ORLANDO, FL 32862 ORLANDO, FL 32862 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 6509 Hazeltine Nat'l Drive 6509 Hazeltine National Dr Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 Chg-NP CR2E037 (12/06) Suite 6 Suite 6 4. FEI Number 59-2388820 City & State City & State Applied For Orlando, FL Orlando, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32822 USÁ - USA 3282 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, RICHARD T Street Address (P.O. Box Number is Not Acceptable) 6509 Hazeltine National Drive 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 Suite 6 City Orlando Zip Code <u>328</u>22 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. 1/17/08 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. P.D Delete TITLE TITLE Change Ch NAME TEE RICHARD T NAME 6509 Hazeltine National Drive, Ste 6 STREET ADDRESS 7050 AUGUSTA NAT'L DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-7IP Orlando, FL 32822 DV TITLE TITI F ☐ Delete Change Addition LEE, THOMAS G II NAME NAME 6509 Hazeltine National Drive, Ste 6 7050 AUGUSTA NAT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP Orlando, FL 32822 TITLE STD ☐ Delete TITLE LEE, KATHLEEN S. NAME NAME 6509 Hazeltine National Drive, Ste 6 7050 AUGUSTA NAT"L DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-7IF Orlando, FL 32822 ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is troe 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 withden address, with all other like empowered.

1/17/08

Date

Richard T. Lee

TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-857-2835

Daylime Phone #

FILED Feb 04, 2008 8:00 am