

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N29733**

1. Entity Name

LEE VISTA WEST OWNERS ASSOCIATION, INC.



Principal Place of Business

7050 AUGUSTA NATIONAL DRIVE  
ORLANDO, FL 32822

Mailing Address

7050 AUGUSTA NATIONAL DRIVE  
ORLANDO, FL 32822



01052005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2923413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

LEE, RICHARD T  
7050 AUGUSTA NATIONAL DRIVE  
ORLANDO, FL 32822

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LEE, RICHARD T.  
STREET ADDRESS 7050 AUGUSTA NATIONAL DR  
CITY-ST-ZIP ORLANDO, FL

TITLE VTSD  
NAME LEE, KATHLEEN S.  
STREET ADDRESS 7050 AUGUSTA NATIONAL DR  
CITY-ST-ZIP ORLANDO, FL

TITLE VD  
NAME LEE, T.G., II  
STREET ADDRESS 7050 AUGUSTA NATIONAL DR.  
CITY-ST-ZIP ORLANDO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/25/05-80101-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD T. LEE

1-06-2005

407-857-2835

Date

Daytime Phone #