2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29733

1. Entity Name

LEEVICTA WEST OWNEDS ASSOCIATION INC



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90196 009 ****61.25

LEEVISTA WEST OWNERS ASSOCIATION, INC.												
Principal Place of Business 7050 AUGUSTA NATIONAL DRIVE ORLANDO FL 32822			Mailing Address 7050 AUGUSTA NATIONAL DRIVE ORLANDO FL 32822			;						
2 Principal S	Place of Busin	anca.										
2. Principal Place of Business				3. Mailing Address					1018 1811) 1600 141 	OO INÎÎ DI S ÎN DIDH	Breni İnğir Bii	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State					4. FEI Number	9-2923413		<u> </u>	pplied For ot Applicable	
Zip	Country		Zip		Coi	Country		5. Certificate of S	Status Desired		8.75 Adi	ditional
	6. Name	and Address of Current I	l Registere	ed Agent				7. Name and Ad	dress of New			
e geri						, Name .	T <u>-</u>	s	ويعلمها الأنا	≖. نير	ميت	-[-
LEE, RICHARD T 7050 AUGUSTA NATIONAL DRIVE						Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32822												
•					City				FL	Zip Cod	le	
•	named entity	y submits this statement for	the purp	ose of changing its	register	ed office or reg	ister	ed agent, or both, in	n the State of F	lorida. I am fa	ımiliar with,	and accept
ine congai	uons or regist	ered agent.										
SIGNATURE .		or printed name of registered agent a	nd title if app	olicable. (NOTE	: Registere	ed Agent signature rec	quired	when reinstating)		DATE		
								•	1			
FILE NOW: FEE IS \$61.25				Election Can Trust Fund C				\$5.00 May Be Added to Fees		ake Check ida Depart		
10. OFFICERS AND DIRECTORS							-	ADDITIONS/CHANG	L SES TO OFFIC	ERS AND DIR	ECTORS IN	1 10
TITLE	PD			☐ Delete	TITL	E					☐ Change	Addition
NAME	LEE, RICH				NAM							
STREET ADDRESS CITY-ST-ZIP	ORLANDO	usta national dr				EET ADORESS /-ST-ZIP						
TITLE	VD	16		□ Delete	TITL						☐ Change	☐ Addition
NAME	LEE, KATH	ileen s.		bullete	NAM	1					on ango	
STREET ADDRESS	7050 AUG	usta national dr			STR	EET ADDRESS						
CITY-ST-ZIP	ORLANDO	FL			CITY	'-ST-ZIP						
TITLE	ST	H EEN O		☐ Delete	TITL				ريده سنده		Change "	☐ Addition
NAME STREET ADDRESS	LEE, KATH	ileen S. Usta national DR			NAM	ie Eet address						
CITY-ST-ZIP	ORLANDO					-ST-ZIP						
TITLE	D	<u>'-</u>		☐ Delete	TITL						☐ Change	[Addition
NAME	LEE, T.G.,	N		Buille	NAM							
STREET ADDRESS		usta national dr			STRE	EET ADORESS						{
CITY-ST-ZIP	ORLANDO	FL			CITY	'-ST-ZIP						
TITLE				☐ Delete	TITL	1					Change	☐ Addition
NAME	ł				NAM	1						
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '- ST-ZIP						
TITLE				☐ Delete	TITL			• •		•	☐ Change	Addition
NAME]			□ ∩elete	NAM							- Addition
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP					CITY	'-ST-ZIP						
12. I hereby o	certify that the	e information supplied with	this filina	does not qualify for	the exe	motion stated in	n Sec	ction 119.07(3)(i). E	lorida Statutes.	I further certi	fv that the i	nformation

indicated on this report or supplied with this limit does not quality on the exemption stated in section 119.07(3)(), Florida Statutes. I further certify that the linior match indicated on this report or supplied with its 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 trystee 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:

IDE REQUIRERICHARD T. Lee

1-14-2003 407-857-2835