I hereby 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 all other like empowered.

PD

SIGNATURE: RICHARD T LEE

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765117

Entity Name: LEEVISTA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6509 HAZELTINE NATIONAL DRIVE SUITE 6 ORLANDO, FL 32822

Current Mailing Address:

6509 HAZELTINE NATIONAL DRIVE SUITE 6 ORLANDO, FL 32822

FEI Number: 59-2388820

Name and Address of Current Registered Agent:

LEE, RICHARD T 6509 HAZELTINE NATIONAL DRIVE SUITE 6 ORLANDO, FL 32822 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

Officer/Director Detail :

Title	PD	Title	DV
Name	LEE, RICHARD T	Name	LEE, THOMAS GII
Address	6509 HAZELTINE NAT'L DR STE 6	Address	6509 HAZELTINE NAT'L DR STE 6
City-State-Zip:	ORLANDO FL 32822	City-State-Zip:	ORLANDO FL 32822
Title	STD		
Name	LEE, KATHLEEN S		
Address	6509 HAZELTINE NAT'L DR STE 6		
City-State-Zip:	ORLANDO FL 32822		

Certificate of Status Desired: No

FILED Feb 12, 2014 Secretary of State CC6129991825

> 02/12/2014 Date

Date