

**2024 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

**Certificate of Status Desired:** No

**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

Date

**Officer/Director Detail :**

Title PD  
Name LEE, RICHARD T  
Address 6509 HAZELTINE NATIONAL DR STE 6  
City-State-Zip: ORLANDO FL 32822

Title STD  
Name LEE, KATHLEEN S  
Address 6509 HAZELTINE NATIONAL DRIVE  
SUITE 6  
City-State-Zip: ORLANDO FL 32822

Title VP  
Name JOHNSON, RANDALL  
Address 6509 HAZELTINE NATIONAL DRIVE  
SUITE 6  
City-State-Zip: ORLANDO FL 32822

Title VP  
Name LEE, THOMAS G II  
Address 6509 HAZELTINE NATIONAL DRIVE  
SUITE 6  
City-State-Zip: ORLANDO FL 32822

Title VP  
Name BARROW, SHAWN  
Address 6509 HAZELTINE NATIONAL DRIVE  
SUITE 6  
City-State-Zip: ORLANDO FL 32822

Title VD  
Name BARROW, LORRAYNE L  
Address 6509 HAZELTINE NATIONAL DRIVE  
SUITE 6  
City-State-Zip: ORLANDO FL 32822

*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.*

**SIGNATURE:** SHAWN BARROW

VP

01/17/2024

Electronic Signature of Signing Officer/Director Detail

Date