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

PD

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: RICHARD T LEE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N29733

Entity Name: LEEVISTA WEST 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: 59-2923413

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 :

City-State-Zip: ORLANDO FL 32822

Title	PD	Title	VTSD
Name	LEE, RICHARD T	Name	LEE, KATHLEEN S
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	VD		
Name	LEE, THOMAS G II		
Address	6509 HAZELTINE NAT'L DR STE 6		

Certificate of Status Desired: No

FILED Feb 24, 2016 Secretary of State CC4992295986

> 02/24/2016 Date

Date