2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765117

FILED Jan 27, 2009 Secretary of State

Entity Name: LEEVISTA OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

65109 HAZELTINE NAT'L DR STE 6 6509 HAZELTINE NATIONAL DRIVE

ORLANDO, FL 32822 SUITE 6

ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

65109 HAZELTINE NAT'L DR STE 6 6509 HAZELTINE NATIONAL DRIVE

P. O. BOX 620365 SUITE 6

ORLANDO, FL 32822 ORLANDO, FL 32822

FEI Number: 59-2388820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEE, RICHARD T LEE, RICHARD T

6509 HAZELTINE NAT'L DR STE 6 6509 HAZELTINE NATIONAL DRIVE

ORLANDO, FL 32822 US 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: 01/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

Name: LEE, RICHARD T., Name: LEE, RICHARD T

Address: 6509 HAZELTINE NAT'L DR STE 6 Address: 6509 HAZELTINE NAT'L DR STE 6

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

Title: DV () Delete Title: () Change () Addition

 Name:
 LEE, THOMAS G II
 Name:

 Address:
 6509 HAZELTINE NAT'L DR STE 6
 Address:

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition

Name: LEE, KATHLEEN S., Name: LEE, KATHLEEN S

Address: 6509 HAZELTINE NAT'L DR STE 6 Address: 6509 HAZELTINE NAT'L DR STE 6

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD T. LEE PD 01/27/2009