

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90039 010 ****61.25

DOCUMENT # N06000000937 1. Entity Name LEE VISTA POINT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4333 SILVER STAR ROAD SUITE 175 ORLANDO, FL 32808 US		Mailing Address 4333 SILVER STAR ROAD SUITE 175 ORLANDO, FL 32808 US	
2. Principal Place of Business - No P.O. Box # 2405 W. Princeton St Suite, Apt. #, etc. Suite 9 Orlando FL City & State		3. Mailing Address same Suite, Apt. #, etc. City & State	
Zip 32804	Country usa	Zip 	Country
4. FEI Number 20-4740395		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENKIRAN & ASSOCIATES, P.A. 1999 W COLONIAL DR SUITE 204 ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name Jennifer Creekmore Street Address (P.O. Box Number is Not Acceptable) 2405 W. Princeton St Suite 9 City Orlando FL Zip Code 32804	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jennifer Creekmore</u> 4/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CARMONA, SCOTT 4333 SILVER STAR ROAD SUITE 175 ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Chuck McNulty 2405 W. Princeton St # 9 Orlando FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNULTY, CHUCK 4333 SILVER STAR ROAD SUITE 175 ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chris Carducci 6457 Hazeltine National Dr # 100 Orlando FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE HAMMETT, DAVID 4333 SILVER STAR ROAD SUITE 175 ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE Egail Muringer 6457 Hazeltine National Dr # 140 Orlando FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CREEKMORE, JENNIFER 4333 SILVER STAR ROAD SUITE 175 ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete no	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Jennifer Creekmore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/17/09 4075323441 <small>Date Daytime Phone #</small>	