2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N29733

1. Entity Name
LEEVISTA WEST OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822	7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822

DO NOT WRITE IN THIS SPACE

01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2923413

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, RICHARD T
7050 AUGUSTA NATIONAL DRIVE
ORLANDO, FL 32822

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	LEE, RICHARD T.
STREET ADDRESS	7050 AUGUSTA NATIONAL DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	VTSD
NAME	LEE, KATHLEEN S.
STREET ADDRESS	7050 AUGUSTA NATIONAL DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	VD
NAME	LEE, T.G., II
STREET ADDRESS	7050 AUGUSTA NATIONAL DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80101-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard T. Lee RICHARD T. LEE 1-06-2005 407-857-2835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #