

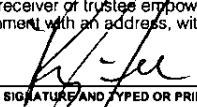


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90060 048 ****61.25

DOCUMENT # N29733 1. Entity Name LEEVISTA WEST OWNERS ASSOCIATION, INC.					
Principal Place of Business 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822			Mailing Address 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822		
2. Principal Place of Business - No P.O. Box # 6509 Hazeltine National Dr. Suite, Apt. #, etc. Suite 6 City & State Orlando, FL Zip 32822 Country USA		3. Mailing Address 6509 Hazeltine Nat'l Drive Suite, Apt. #, etc. Suite 6 City & State Orlando, FL Zip 32822 Country USA		4001-  01162008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2923413 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, RICHARD T 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6509 Hazeltine National Drive Suite 6 City Orlando FL Zip Code 32822	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1/17/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	PD LEE, RICHARD T. 7050 AUGUSTA NATIONAL DR ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD LEE, KATHLEEN S. 7050 AUGUSTA NATIONAL DR ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, T.G., II 7050 AUGUSTA NATIONAL DR ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6509 Hazeltine National Drive, Ste 6 Orlando, FL 32822	
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	
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: 			Richard T. Lee		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/17/08		
Daytime Phone #			407-857-2835		