

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N46122

1. Entity Name
LEEVESTA INDUSTRIAL OWNERS ASSOCIATION, INC.



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

Mailing Address
**7050 AUGUSTA NATIONAL DRIVE
ORLANDO, FL 32822**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3094542

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

U000000189587

01/24/05-00101-001 \$1.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEE, RICHARD T.
STREET ADDRESS	7050 AUGUSTA NATIONAL DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	STD
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	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1-06-2005

407-857-2835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #