


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-04-2008 90058 050 \*\*\*\*61.25

<b>DOCUMENT # N46122</b> 1. Entity Name <b>LEE VISTA INDUSTRIAL OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822</b>			Mailing Address <b>7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822</b>		
2. Principal Place of Business - No P.O. Box # <b>6509 Hazeltine National Dr.</b>		3. Mailing Address <b>6509 Hazeltine Nat'l Dr.</b>			
Suite, Apt. #, etc. <b>Suite 6</b>		Suite, Apt. #, etc. <b>Suite 6</b>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>59-3094542</b>	
Zip <b>32822</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEE, RICHARD T 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>6509 Hazeltine National Drive</b> Suite 6 City <b>Orlando</b> <b>FL</b> Zip Code <b>32822</b>		
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 <b>1/17/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LEE, RICHARD T.</b> <b>7050 AUGUSTA NATIONAL DR</b> <b>ORLANDO, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>LEE, KATHLEEN S.</b> <b>7050 AUGUSTA NATIONAL DR</b> <b>ORLANDO, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LEE, T. G., II</b> <b>7050 AUGUSTA NATIONAL DR</b> <b>ORLANDO, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <b>Richard T. Lee</b> <b>1/17/08</b> <b>407-857-2835</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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