


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000012316
1. Entity Name
LEE PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4002 DEL PRADO BLVD
CAPE CORAL, FL 33904**

Mailing Address
**4002 DEL PRADO BLVD
CAPE CORAL, FL 33904**



02142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5221600 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SCHUTT, DARRIN R ESQ
1105 CAPE CORAL PARKWAY EAST SUITE C
CAPE CORAL, FL 33904**

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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 _____ 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, 2007**

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

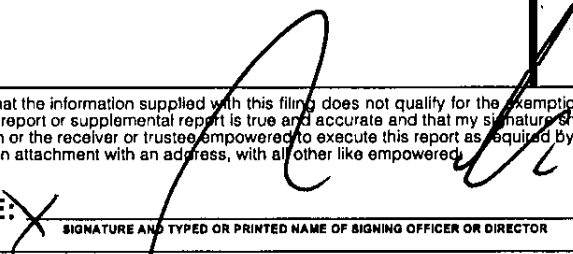
U00000694248
04/17/07-80009-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEE, ROBBIE 4002 DEL PRADO BLVD CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, BOB 4002 DEL PRADO BLVD CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, SCOTT 4002 DEL PRADO BLVD CAPE CORAL, FL 33904
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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 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:  **4-3-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #