

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 10, 2009  
Secretary of State**

DOCUMENT# N05000012316

Entity Name: LEE PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4002 DEL PRADO BLVD  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

4002 DEL PRADO BLVD SOUTH  
CAPE CORAL, FL 33904

**Current Mailing Address:**

4002 DEL PRADO BLVD  
CAPE CORAL, FL 33904

**New Mailing Address:**

4002 DEL PRADO BLVD SOUTH  
CAPE CORAL, FL 33904

FEI Number: 20-5221600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHUTT, DARRIN R ESQ  
1105 CAPE CORAL PARKWAY EAST SUITE C  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: LEE, ROBBIE  
Address: 4002 DEL PRADO BLVD  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD ( ) Delete  
Name: LEE, BOB  
Address: 4002 DEL PRADO BLVD  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: LEE, SCOTT  
Address: 4002 DEL PRADO BLVD  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. LEE JR.

PRES

02/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date