

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012316

**Entity Name:** LEE PLAZA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 29, 2019**  
**Secretary of State**  
**0866854618CC**

**Current Principal Place of Business:**

3505 VETERANS MEMORIAL HIGHWAY  
SUITE D  
RONKONKOMA, NY 11779

**Current Mailing Address:**

3505 VETERANS MEMORIAL HIGHWAY  
SUITE D  
RONKONKOMA, NY 11779 US

**FEI Number:** 20-5221600

**Certificate of Status Desired:** No

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

LEE, ROBERT A JR.  
4519 SE 16TH PLACE  
STE. 109  
CAPE CORAL, FL 33904 US

*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:** ROBERT A LEE JR.

01/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name LEE, ROBERT A JR.  
Address 3505 VETERANS MEMORIAL  
HIGHWAY  
SUITE D  
City-State-Zip: RONKONKOMA NY 11779

Title VD  
Name FINKBEINER, CHET  
Address 3505 VETERANS MEMORIAL  
HIGHWAY  
SUITE D  
City-State-Zip: RONKONKOMA NY 11779

Title D  
Name SILVERS, TERESA  
Address 3505 VETERANS MEMORIAL  
HIGHWAY  
SUITE D  
City-State-Zip: RONKONKOMA NY 11779

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT A. LEE, JR.

**DIRECTOR**

01/29/2019

Electronic Signature of Signing Officer/Director Detail

Date