


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N06000009129</b> 1. Entity Name <b>LEHIGH MINI WAREHOUSE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>420 LEE BOULEVARD LEHIGH ACRES, FL 33936</b>	Mailing Address <b>420 LEE BOULEVARD LEHIGH ACRES, FL 33936</b>
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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-5473908</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FT MYERS, FL 33901</b>
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LORENZ, SIGFRIED 420 LEE BOULEVARD LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LORENZ, DJULAEHA 420 LEE BOULEVARD LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BURNS, RANDALL 420 LEE BOULEVARD LEHIGH ACRES, FL 33936
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000898131  
04/25/08-80073-023 61.25

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.
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<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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