

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000004869

1. Entity Name
LEHIGH SHOPPING CENTER CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
25 HOMESTEAD ROAD NORTH
SUITE 11
LEHIGH ACRES, FL 33936

Mailing Address
25 HOMESTEAD ROAD NORTH
SUITE 11
LEHIGH ACRES, FL 33936



01152008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

65-0761605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, JOHN M
8911 DANIELS PKWY
UNIT 6
FORT MYERS, FL 33912

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORGAN, JOHN M 302 LEE BLVD., SUITE 102 LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOROSCH, CONCEPCION M 25 HOMESTEAD ROAD NORTH LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOROSCH, EUGEN K 25 HOMESTEAD ROAD NORTH LEHIGH ACRES, FL 33936
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/08-80089-002 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-08

Date

239-454-0592

Daytime Phone #