


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 722200

1. Entity Name
 LAKE FAIRVIEW CONDOMINIUM, INC.



Principal Place of Business
 % 4328 EDGEWATER DR., SUITE 101
 ORLANDO, FL 32804 US

Mailing Address
 4004 EDGEWATER DRIVE
 ORLANDO, FL 32804



01262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1476662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, MARY
 ASSET REAL ESTATE INC.
 4004 EDGEWATER DRIVE
 ORLANDO, FL 32804

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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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	PD LISKA, GEORGE 4328 EDGEWATER DR C201 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, PAULA 159 BURKS CIRCLE WINTER PARK, FL 32769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAHN, JOHN E 4328 EDGEWATER DR., C205 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERON, NELLY 321 PORTSMOUTH ST ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DONALD 4328 EDGEWATER DR, E101 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000490596
 04/18/06-80062-019 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: George Liska George Liska 3/17/2006 407 299-9009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #