


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90322 026 \*\*\*\*61.25

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
--	--

**DO NOT WRITE IN THIS SPACE**

40000



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1476662	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  RIVERA, MARY ASSET REAL ESTATE INC. 4004 EDGEWATER DRIVE ORLANDO, FL 32804
--

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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 32789
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	

**DO NOT WRITE IN THIS SPACE**

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 Pres      3/13/2007      407 299-9009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #