

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

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90031 048 ****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



01262008 No Chg-NP CR2E037 (4/06)

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

**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 _____

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	PD LISKA, GEORGE 4328 EDGEWATER DR C201 ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, PAULA 159 BURKS CIRCLE WINTER PARK, FL 32789
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAHN, JOHN E 4328 EDGEWATER DR., C205 ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERON, NELLY 321 PORTSMOUTH ST ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DONALD 4328 EDGEWATER DR, E101 ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2008
Date

407 299-9009
Daytime Phone #