


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90076 047 ****61.25

DOCUMENT # 724190 1. Entity Name LAKE FAITH CONDOMINIUM, INC	
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Principal Place of Business 345 WEST LAKE FAITH DRIVE MAITLAND, FL 32751-4329	Mailing Address 345 WEST LAKE FAITH DRIVE MAITLAND, FL 32751-4329
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01082007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 59-1741096	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LARSEN, RICHARD E 55 E PINE STREET ORLANDO, FL 32801

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete D WEBER, CHERYL 127 W LAKE FAITH DR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D CADE, SANDRA 311 W LAKE FAITH DR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D TERAN, BENJAMIN 211 W LAKE FAITH DR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete T TURNER, FRANK 107 W LAKE FAITH DR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete V MCDONALD, ROBERTA 301 W. LAKE FAITH DR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P MOHRING, DIEDRICH 213 W LAKE RAIGHT DR MAITLAND, FL 32751

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D OSCAR GOITY 343 W. LAKE FAITH DR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S PATRICIA WILLIAMSON 235 W LAKE FAITH DR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Diedrich Mohring 1/30/07 (407) 539-2671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #