


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90318 010 ****61.25

DOCUMENT # 724190 1. Entity Name LAKE FAITH CONDOMINIUM, INC					
Principal Place of Business 345 WEST LAKE FAITH DRIVE MAITLAND, FL 32751-4329			Mailing Address 345 WEST LAKE FAITH DRIVE MAITLAND, FL 32751-4329		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOITY, OSCAR 343 W LAKE FAITH DR MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President / D oscar Goity 343 W. Lake Faith Dr. Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CADE, SANDRA 311 W LAKE FAITH DR MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Pat Williamson 235 W. Lake Faith Dr Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TERAN, BENJAMIN 211 W LAKE FAITH DR MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D TURNER, FRANK 107 W LAKE FAITH DR MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCDONALD, ROBERTA 301 W. LAKE FAITH DR MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary / D Amanda Sumpio 105 W. Lake Faith Dr Maitland FL 32751	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOHRING, DIEDRICH 213 W LAKE RAIGHT DR MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President / D Cheryl Weber 127 W. Lake Faith Dr. Maitland FL 32751	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/23/08 Daytime Phone # _____		