

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31886 (7)
1. Corporation Name
LAKE FOREST MASTER COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
10172 LINN STATION ROAD LOUISVILLE KY 40223-3867

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/24/1989** 3a. Date of Last Report **04/27/1994**
4. FEI Number **61-1163762** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**TAUB, BRIAN N.
%NTS LAKE FOREST CLUB HOUSE
5350 SHORELINE CIRCLE
LAKE FOREST FL 32771**

10. Name and Address of New Registered Agent
81 Name **SEE ATTACHED CONFIRMATION**
82 Street Address (P.O. Box Number is Not Acceptable) **LETTEL No. 195A00009697**
83 **(MARGARET O. TEMPLETON)**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	NICHOLS, J.D.
STREET ADDRESS	10172 LINN STATION RD.
CITY - ST - ZIP	LOUISVILLE KY
TITLE	SVPS
NAME	GREGORY A. COMPTON
STREET ADDRESS	10172 LINN STATION RD
CITY - ST - ZIP	LOUISVILLE KY
TITLE	DP
NAME	GOOD, RICHARD L.
STREET ADDRESS	10172 LINN STATION RD.
CITY - ST - ZIP	LOUISVILLE KY
TITLE	SVTP
NAME	MULROONEY, JAMES M.
STREET ADDRESS	10172 LINN STATION RD.
CITY - ST - ZIP	LOUISVILLE KY
TITLE	SVP
NAME	ADAMS, GARY D
STREET ADDRESS	10172 LINN STATION ROAD
CITY - ST - ZIP	LOUISVILLE KY
TITLE	SVPD
NAME	TAUB, BRIAN N
STREET ADDRESS	5350 SHORELINE CIR.
CITY - ST - ZIP	LAKE FOREST FL 32771

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	DVC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	SVTP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HAMPTON, JOHN W.
4.3 STREET ADDRESS	10172 LINN STATION RD.
4.4 CITY - ST - ZIP	LOUISVILLE, KY
5.1 TITLE	DSVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TEMPLETON, MARGARET O.
6.3 STREET ADDRESS	5350 SHORELINE CIRCLE
6.4 CITY - ST - ZIP	LAKE FOREST, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gregory A. Compton* **GREGORY A. COMPTON, SR. V.P. / SECRETARY** 4/11/95 (502) 426-4800
DATE: _____