

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 10172 LINN STATION ROAD, LOUISVILLE KY 40223-3887  
Mailing Address: 10172 LINN STATION ROAD, LOUISVILLE KY 40223-3887

3. Date Incorporated or Qualified: 04/24/1989  
3a. Date of Last Report: 04/24/1995  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip  
25. Country  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Zip

9. Name and Address of Current Registered Agent  
**TEMPLETON, MARGARET O.  
5350 SHORELINE CIRCLE  
LAKE FOREST FL 32771**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	NICHOLS, J.D.	
STREET ADDRESS	10172 LINN STATION RD.	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	GREGORY A. COMPTON	
STREET ADDRESS	10172 LINN STATION RD	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	GOOD, RICHARD L.	
STREET ADDRESS	10172 LINN STATION RD.	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	SVPT	<input type="checkbox"/> DELETE
NAME	HAMPTON, JOHN W.	
STREET ADDRESS	10172 LINN STATION RD.	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	ADAMS, GARY D	
STREET ADDRESS	10172 LINN STATION ROAD	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TEMPLETON, MARGARET O.	
STREET ADDRESS	5350 SHORELINE CIRCLE	
CITY-ST-ZIP	LAKE FOREST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 119.07(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: *Gary A. Adams, Sr VP/Secretary* 3/29/96 (502) 426-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GARY A. ADAMS, SR VP/SEC. Date Daytime Phone #

CR2E037 (12/95)