

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

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N31886  
 1. Corporation Name  
**Lake Forest Master Community Association, Inc.**

Principal Place of Business <b>c/o NTS Corporation 10172 Linn Station Rd. Louisville, Ky. 40223</b>	Mailing Address <b>c/o NTS Corporation 10172 Linn Station Rd Louisville, Ky. 40223</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
State, Apt. #, etc.	Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> City & State
<b>24</b> Zip	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>04/24/1989</b>	<b>3a.</b> Date of Last Report <b>04/96</b>
<b>4.</b> FEI Number <b>61-1163762</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**Templeton, Margaret O.  
5350 Shoreline Circle  
Lake Forest, Florida 32771**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
<b>83</b>	
<b>84</b> City	

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DC</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Nichols, J. D.</b>		1.2 NAME <b>HOWARD, SUSAN M.</b>	
STREET ADDRESS <b>10172 Linn Station Rd</b>		1.3 STREET ADDRESS <b>10172 LINN STATION RD.</b>	
CITY- ST- ZIP <b>Louisville, Ky.</b>		1.4 CITY- ST- ZIP <b>LOUISVILLE, KY</b>	
TITLE <b>SVPT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Hampton, John W.</b>		2.2 NAME	
STREET ADDRESS <b>10172 Linn Station Rd.</b>		2.3 STREET ADDRESS	
CITY- ST- ZIP <b>Louisville, Ky.</b>		2.4 CITY- ST- ZIP	
TITLE <b>DVC</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Good, Richard L</b>		3.2 NAME	
STREET ADDRESS <b>10172 Linn Station Rd.</b>		3.3 STREET ADDRESS	
CITY- ST- ZIP <b>Louisville, Ky</b>		3.4 CITY- ST- ZIP	
TITLE <b>SVPS</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Compton, Gregory A</b>		4.2 NAME	
STREET ADDRESS <b>10172 Linn Station Rd.</b>		4.3 STREET ADDRESS	
CITY- ST- ZIP <b>Louisville, Ky</b>		4.4 CITY- ST- ZIP	
TITLE <b>SVP</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Adams, Gary D</b>		5.2 NAME	
STREET ADDRESS <b>10172 Linn Station Rd.</b>		5.3 STREET ADDRESS	
CITY- ST- ZIP <b>Louisville, Ky.</b>		5.4 CITY- ST- ZIP	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Templeton, Margaret O</b>		6.2 NAME	
STREET ADDRESS <b>5350 Shoreline Circle</b>		6.3 STREET ADDRESS	
CITY- ST- ZIP <b>Lake Forest, Florida</b>		6.4 CITY- ST- ZIP	

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Susan M. Howard Susan M. Howard, V.P. Date: (502) 426-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/96)