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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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 40 NTS Corporation 10172 Linn Station Road Louisville, KY 40223	Mailing Address 40 NTS Corporation 10172 Linn Station Road Louisville, KY 40223
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/24/1989
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 61-1163762
23 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	29 Country	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TEMPLETON, MARGARET O. 5350 Shoreline Circle Lake Forest, FL 32771		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICHOLS, JD		1.2 NAME	
STREET ADDRESS 10172 Linn Station Road		1.3 STREET ADDRESS	
CITY-ST-ZIP Louisville, KY 40223		1.4 CITY-ST-ZIP	
TITLE DVC	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOOD, RICHARD L		2.2 NAME	
STREET ADDRESS 10172 Linn Station Road		2.3 STREET ADDRESS	
CITY-ST-ZIP Louisville, KY 40223		2.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEMPLETON, MARGARET O		3.2 NAME	
STREET ADDRESS 5350 Shoreline Circle		3.3 STREET ADDRESS	
CITY-ST-ZIP Lake Forest, FL 32771		3.4 CITY-ST-ZIP	
TITLE DSYP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADAMS, GARY D		4.2 NAME	
STREET ADDRESS 10172 Linn Station Road		4.3 STREET ADDRESS	
CITY-ST-ZIP Louisville, KY 40223		4.4 CITY-ST-ZIP	
TITLE YPT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MITCHELL, NEIL A		5.2 NAME	
STREET ADDRESS 10172 Linn Station Road		5.3 STREET ADDRESS	
CITY-ST-ZIP Louisville, KY 40223		5.4 CITY-ST-ZIP	
TITLE VPS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWARD, SUSAN M		6.2 NAME	
STREET ADDRESS 10172 Linn Station Road		6.3 STREET ADDRESS	
CITY-ST-ZIP Louisville, KY 40223		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Susan M. Howard SUSAN M. HOWARD, VP/Sec 4/29/99 (502) 426-4800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)