

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90068 007 ****61.25

DOCUMENT # N31886

1. Entity Name

LAKE FOREST MASTER COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O NTS CORPORATION
 10172 LINN STATION RD
 LOUISVILLE KY 40223-3887

C/O NTS CORPORATION
 10172 LINN STATION RD
 LOUISVILLE KY 40223-3887

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1163762

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, GARY D
5350 SHORELINE CIRCLE
LAKE FOREST FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, J.D.	
STREET ADDRESS	10172 LINN STATION RD.	
CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HOWARD, SUSAN M	
STREET ADDRESS	10172 LINN STATION RD	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAVIN, BRIAN F	
STREET ADDRESS	10172 LINN STATION RD.	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MITCHELL, NEIL A	
STREET ADDRESS	10172 LINN STATION RD.	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ADAMS, GARY D	
STREET ADDRESS	5350 SHORELINE CIRCLE	
CITY-ST-ZIP	LAKE FOREST FL 32771	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WELLS, GREGORY A	
STREET ADDRESS	10172 LINN STATION ROAD	
CITY-ST-ZIP	LOUISVILLE KY 40223	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary D. Adams	
STREET ADDRESS	5350 Shoreline Circle	
CITY-ST-ZIP	Lake Forest, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Susan M. Howard* V.P./Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Susan M. Howard**
 Date: **1/31/02**
 Daytime Phone #: **(502) 426-4800**

CFR2E037 (9/01)

Attachment

Title: P
Name: Richard D. Bavec
Street Address: 5350 Shoreline Circle
City-ST-Zip: Lake Forest FL 32771

x Addition

N 31886

416944