

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90347 048 \*\*\*\*61.25

|   |                         |  |  |   |  |
|---|-------------------------|--|--|---|--|
| <b>DOCUMENT # N31886</b>  |                         |  |  |  |  |
| 1. Entity Name<br>LAKE FOREST MASTER COMMUNITY ASSOCIATION, INC.  |                         |  |  |   |  |
| Principal Place of Business<br>C/O NTS CORPORATION<br>10172 LINN STATION RD<br>LOUISVILLE, KY 40223-3887  |                         |  | Mailing Address<br>C/O NTS CORPORATION<br>10172 LINN STATION RD<br>LOUISVILLE, KY 40223-3887 |   |  |
| 2. Principal Place of Business  |                         | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |                         | Suite, Apt. #, etc.  |  |   |  |
| City & State  |                         | City & State   |  | 4. FEI Number<br>61-1163762   |  |
| Zip   |                         | Country  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired  |                         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |   |  |
| 6. Name and Address of Current Registered Agent   |                         |  | 7. Name and Address of New Registered Agent  |   |  |
| BAVEC, RICHARD D<br>690 LAKE FOREST BLVD<br>LAKE FOREST, FL 32771   |                         |  | Name<br><b>James F. Heekin, Jr.</b>  |   |  |
|   |                         |  | Street Address (P.O. Box Number is Not Acceptable)   |   |  |
|   |                         |  | 215 N. Eola Drive  |   |  |
|   |                         |  | City<br>Orlando  |   | Zip Code<br>FL 32801   |
| 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. I am familiar with, and accept the obligations of registered agent.   |                         |  |  |   |  |
| SIGNATURE    |                         |  |  | DATE<br>4/22/05   |  |
| Signature, typed or printed name of registered agent and title if applicable  |                         |  |  | (NOTE: Registered Agent signature required when reinstating)                      |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>      |  | \$5.00 May Be Added to Fees   |  |
|   |                         |  |  | Make check payable to<br>Florida Department of State                              |  |
| 10. OFFICERS AND DIRECTORS  |                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE   | D                       | <input type="checkbox"/> Delete  | TITLE  | VP/Treasurer  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | NICHOLS, J.D.           |  | NAME   | David B. Pitchford  |  |
| STREET ADDRESS  | 10172 LINN STATION RD.  |  | STREET ADDRESS   | 10172 Linn Station Rd.  |  |
| CITY-ST-ZIP   | LOUISVILLE, KY 40223    |  | CITY-ST-ZIP  | Louisville, KY 40223  |  |
| TITLE   | VPS                     | <input type="checkbox"/> Delete  | TITLE  | Director  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | HOWARD, SUSAN M         |  | NAME   | Rosann D. Tafel   |  |
| STREET ADDRESS  | 10172 LINN STATION RD   |  | STREET ADDRESS   | 10172 Linn Station Rd.  |  |
| CITY-ST-ZIP   | LOUISVILLE, KY          |  | CITY-ST-ZIP  | Louisville, KY 40223  |  |
| TITLE   | D                       | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | LAVIN, BRIAN F          |  | NAME   |   |  |
| STREET ADDRESS  | 10172 LINN STATION RD.  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | LOUISVILLE, KY          |  | CITY-ST-ZIP  |   |  |
| TITLE   | VPT                     | <input checked="" type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | MITCHELL, NEIL A        |  | NAME   |   |  |
| STREET ADDRESS  | 10172 LINN STATION RD.  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | LOUISVILLE, KY          |  | CITY-ST-ZIP  |   |  |
| TITLE   | DP                      | <input checked="" type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | BAVEC, RICHARD D        |  | NAME   |   |  |
| STREET ADDRESS  | 5350 SHORELINE CIRCLE   |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | LAKE FOREST, FL 32771   |  | CITY-ST-ZIP  |   |  |
| TITLE   | SVP                     | <input type="checkbox"/> Delete  | TITLE  | President   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | WELLS, GREGORY A        |  | NAME   | Gregory A. Wells  |  |
| STREET ADDRESS  | 10172 LINN STATION ROAD |  | STREET ADDRESS   | 10172 Linn Station Rd.  |  |
| CITY-ST-ZIP   | LOUISVILLE, KY 40223    |  | CITY-ST-ZIP  | Louisville, KY 40223  |  |
| 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:   |                         |  |  | Date<br>4/21/05   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>Susan M. Howard, Secretary  |                         |  |  | Daytime Phone #<br>(502) 426-4800   |  |

20043001



03212005 Chg-NP CR2E037 (10/03)