


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90238 014 ****61.25

DOCUMENT # N31886					
1. Entity Name LAKE FOREST MASTER COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR. 434, SUITE 5000 LONGWOOD, FL 32779-5044			Mailing Address 2180 WEST SR. 434, SUITE 5000 LONGWOOD, FL 32779-5044		
2. Principal Place of Business - No P.O. Box #			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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434, STE 5000 LONGWOOD, FL 32779-5044			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, FRED		NAME	BATES, FRED	
STREET ADDRESS	4963 MAPLE GLEN PL		STREET ADDRESS	4963 MAPLE GLEN PL	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, CYNTHIA		NAME	SCHWARTZBERG, IRA	
STREET ADDRESS	5217 FOREST EDGE CT		STREET ADDRESS	5336 LAKE BLUFF TER	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD FL 32771	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPPER, TERRY		NAME	MANUEL, BOB	
STREET ADDRESS	5350 DEEPWOODS		STREET ADDRESS	5336 FAWN WOODS CT	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD FL 32771	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHALK, LARRY		NAME	BURTON, PAUL	
STREET ADDRESS	4954 SHORELINE CIR		STREET ADDRESS	5489 WHISPERING MEADOWS CT	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLINGSWORTH, BILL		NAME	DEVINE, STEVE	
STREET ADDRESS	701 TREELINE PL		STREET ADDRESS	689 TREELINE PL	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMORIELLO, MARK		NAME	FREIWALD, RONALD	
STREET ADDRESS	730 BRIDGECREEK CT		STREET ADDRESS	464 FAWN HILL PL	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD FL 32771	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>I. Schwartzberg</i>		1. SCHWARTZBERG, IRA		Date: 4/16/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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