


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90030 040 ****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 #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03112008 Chg-NP CR2E037 (12/06)

4. FEI Number
61-1163762 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

HART, JAMES W JR
SENTRY MANAGEMENT INC
 2180 W SR 434, STE 5000
 LONGWOOD, FL 32779-5044

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BATES, FRED	
STREET ADDRESS	4963 MAPLE GLEN PL	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHWARTZBERG, IRA	
STREET ADDRESS	5336 LAKE BLUFF TER	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COPPER, TERRY	
STREET ADDRESS	5350 DEEPWOODS	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHALK, LARRY	
STREET ADDRESS	4954 SHORELINE CIR	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MANUEL, BOB	
STREET ADDRESS	5336 FAWN WOODS CT	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMORIELLO, MARK	
STREET ADDRESS	730 BRIDGE CREEK CT	
CITY-ST-ZIP	SANFORD, FL 32771	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, SANDRA	
STREET ADDRESS	5267 SHORELINE CIR	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURTON, PAUL R	
STREET ADDRESS	5489 WHISPERING MEADOWS CT	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITZIG, JOHN	
STREET ADDRESS	4832 SHORELINE CIR	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOORHESS, DELLOYD	
STREET ADDRESS	5408 FAWN LAKE CT	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCINNIS, RON	
STREET ADDRESS	5019 SHORELINE CIR	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVINE, STEVE	
STREET ADDRESS	689 TREELINE PL	
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 name like empowered.

SIGNATURE: *John D. Witzig* **3/17/08** **407-330-3805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40053448

#N31886

LAKE FOREST MASTER COMMUNITY ASSOCIATION INC
N31886

BOARD OF DIRECTORS, CONTINUED

D
FREIWALD, RONALD
464 FAWN HILL PL
SANFORD, FL 32771