

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31886

FILED
Apr 03, 2009
Secretary of State

Entity Name: LAKE FOREST MASTER COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR. 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR. 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 61-1163762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434, STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: HUGHES, SANDRA
Address: 5267 SHORELINE CIR
City-St-Zip: SANFORD, FL 32771

Title: PD () Delete
Name: SCHWARTZBERG, IRA
Address: 5336 LAKE BLUFF TER
City-St-Zip: SANFORD, FL 32771

Title: SD () Delete
Name: COPPER, TERRY
Address: 5350 DEEPWOODS
City-St-Zip: SANFORD, FL 32771

Title: SD () Delete
Name: BURTON, PAUL R
Address: 5489 WHISPERING MEADOWS CT
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: WITZIG, JOHN
Address: 4832 SHORELINE CIR
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: VOORHEES, DELLOYD
Address: 5408 FAWN LAKE CT
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ELLIS, HARRY
Address: 855 EDGEFOREST TER
City-St-Zip: SANFORD, FL 32771

Title: TD (X) Change () Addition
Name: BLISS, FRED
Address: 4946 FAWN RIDGE PL
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change () Addition
Name: BRUNDAGE, DARIN
Address: 4893 RED BRICK RUN
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA SCHWARTZBERG

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date