

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90995 036 ****61.25

DOCUMENT # N31886

1. Entity Name
LAKE FOREST MASTER COMMUNITY ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

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 **RICHARD D. BAVEC**

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

5350 SHORELINE CIRCLE

City

LAKE FOREST

FL

Zip Code
32771

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 **RICHARD D. BAVEC, P**

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

(NOTE: Registered Agent signature required when reinstating)

4/1/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **NICHOLS, J.D.**
STREET ADDRESS **10172 LINN STATION RD.**
CITY-ST-ZIP **LOUISVILLE KY 40223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPS** ☐ Delete
NAME **HOWARD, SUSAN M**
STREET ADDRESS **10172 LINN STATION RD**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LAVIN, BRIAN F**
STREET ADDRESS **10172 LINN STATION RD.**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** ☐ Delete
NAME **MITCHELL, NEIL A**
STREET ADDRESS **10172 LINN STATION RD.**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☒ Delete
NAME **ADAMS, GARY D**
STREET ADDRESS **5350 SHORELINE CIRCLE**
CITY-ST-ZIP **LAKE FOREST FL 32771**

TITLE ☐ Change ☒ Addition
NAME **Director/President
Bavec, Richard D**
STREET ADDRESS **5350 Shoreline Circle**
CITY-ST-ZIP **Lake Forest FL 32771**

TITLE **SVP** ☐ Delete
NAME **WELLS, GREGORY A**
STREET ADDRESS **10172 LINN STATION ROAD**
CITY-ST-ZIP **LOUISVILLE KY 40223**

TITLE ☐ Change ☐ 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* VP/Secretary **Susan M. Howard VP/Secretary 3/13/03 (502) 426-4800**

CR2E037 (10/02)