2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **N31886**



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

LAKE FOREST MASTER COMMUNITY ASSOCIATION, INC.								()4-07-2(003 90	995 03	36 ****6	51.25	
Principal Place of Business C/O NTS CORPORATION 10172 LINN STATION RD LOUISVILLE KY 40223-3887 2. Principal Place of Business		C/O N 10172 I	Mailing Address C/O NTS CORPORATION 10172 LINN STATION RD LOUISVILLE KY 40223-3887 3. Mailing Address				1 (10	1 6) 611 4111	:	1 401 A 81		AIBH AIRH AI	811 81811 1881	
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Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & Sta	te	Cit	City & State				4. FEI Nun	nber 61	-116376	2			pplied For	7
Zip	Country	Zip)	Cou	untry		5. Certificate of Status Desired					Not Applicable \$8.75 Additional Fee Required		
	6. Name and Address of Current	t Registere	d Agent	L	 		7. Name a	nd Addr	ess of Ne	w Regis				┨
					Name	RIC	HARD							1
ADAMS,					Street A		O. Box Num			able)				┨
5350 SHORELINE CIRCLE							ORELIN			· · · · · · ·				1
LAKE FO	REST FL 32771								•					1
					City	LAK	E FORE	EST			FL	Zip Coo	7.7 1	1
8. The above	named entity submits this statement for	for the purp	ose of changing its	registere	ed office o	-jegistere	ed agent, or i	ooth, in th	ne State of	f Florida	. I am fa	1		-
the obliga	tions of registered agent.			///		/_								1
CICNASTIRE	RICHARD D. BAVEC	. P			7						4/1	/n3		
SIGNATURE	Signature, typed or printed name of registered agen		licable. (NO)	: Registere	d Agent signa	ture required v	when reinstating)		-		DATE	<u>/ U J</u>	<u> </u>	
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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 1 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.

SIGNOTIONED NELSONEE Busan M. Howard VP/Secretary 3/13/03 (502) 426-4800