

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M89394 (4)

1. Corporation Name

LAKE FOREST REALTY, INC.



Principal Place of Business

**10172 LINN STATION ROAD
LOUISVILLE KY 40223**

Mailing Address

**10172 LINN STATION ROAD
LOUISVILLE KY 40223**

3. Date Incorporated or Qualified

07/13/1988

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

61-1149966

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TEMPLETON, MARGARET O
%NTS LAKE FOREST CLUB HOUSE
5350 SHORELINE CIRCLE
LAKE FOREST FL 32771**

81

Name

82

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

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent, if applicable)

DATE (Registered Agent's signature required when this statement is filed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **NICHOLS, J.D.**
STREET ADDRESS **10172 LINN STATION ROAD**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE **VC** ☐ DELETE
NAME **RICHARD L. GOOD**
STREET ADDRESS **10172 LINN STATION RD**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE **SVP** ☐ DELETE
NAME **GREGORY A. COMPTON**
STREET ADDRESS **10172 LINN STATION RD**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE **SVPT** ☐ DELETE
NAME **HAMPTON, JOHN W**
STREET ADDRESS **10172 LINN STATION RD**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE **SVP** ☐ DELETE
NAME **ADAMS, GARY D**
STREET ADDRESS **10172 LINN STATION RD**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE **P** ☐ DELETE
NAME **TEMPLETON, MARGARET O**
STREET ADDRESS **5350 SHORELINE CIRCLE**
CITY-ST-ZIP **LAKE FOREST FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *G. A. Compton, SVP/Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GREGORY A. COMPTON SVP/SEC

3/29/96

(502) 426-4801

CR2E034 (12/95)