

ORIGINAL

Deposit Date
D408 12-29-03
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CK# 1806
\$100.00

1. Name of company or name of individual (not fictitious name or d/b/a):
Lake Forest Master Community Ass'n, Inc.

2. Name under which applicant will do business (fictitious name, etc.):
Above

3. Official mailing address:
Street: 5350 Shoreline Circle
P.O. Box: _____
City: Sanford
State: Florida Zip: 32771

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4. Florida address:
Street: (Same as Above)
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: N31886

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
WMS _____
SEC _____
OTH _____

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DOCUMENT NUMBER-DATE
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