

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29742

FILED  
May 03, 2012  
Secretary of State

**Entity Name:** SABAL POINT COMMERCIAL PROPERTY ASSOCIATION, INC

**Current Principal Place of Business:**

9240 SW 72 STREET  
SUITE# 108  
MIAMI, FL 33173 US

**Current Mailing Address:**

P. O. BOX 565667  
MIAMI, FL 33256 US

**New Principal Place of Business:**

600 N HURSTBOURNE PARKWAY  
SUITE 300  
LOUISVILLE, KY 40222 US

**New Mailing Address:**

600 N HURSTBOURNE PARKWAY  
SUITE 300  
LOUISVILLE, KY 40222 US

**FEI Number:** 61-1176499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASOLA, ERIC J  
9240 SW 72 STREET  
SUITE# 108  
MIAMI, FL 33173 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: PD  
Name: LAVIN, BRIAN F  
Address: 600 N HURSTBOURNE PARKWAY SUITE 300  
City-St-Zip: LOUISVILLE, KY 40222

Title: EVP  
Name: WELLS, GREGORY A  
Address: 600 N HURSTBOURNE PARKWAY SUITE 300  
City-St-Zip: LOUISVILLE, KY 40222

Title: VPD  
Name: MCDEARMON, GREGORY G  
Address: 600 N HURSTBOURNE PARKWAY SUITE 300  
City-St-Zip: LOUISVILLE, KY 40222

Title: VPSD  
Name: HOWARD, SUSAN M  
Address: 600 N HURSTBOURNE PARKWAY SUITE 300  
City-St-Zip: LOUISVILLE, KY 40222

Title: VPT  
Name: PITCHFORD, DAVID B  
Address: 600 N HURSTBOURNE PARKWAY SUITE 300  
City-St-Zip: LOUISVILLE, KY 40222

Title: AVP  
Name: NORWOOD, TAMARA  
Address: 302 SABAL PARK PLACE  
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: SUSAN M HOWARD

VPS

05/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date