

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29742

Entity Name: SABAL POINT COMMERCIAL PROPERTY ASSOCIATION, INC**Current Principal Place of Business:**600 N HURSTBOURNE PARKWAY
SUITE 300
LOUISVILLE, KY 40222**Current Mailing Address:**600 N HURSTBOURNE PARKWAY
SUITE 300
LOUISVILLE, KY 40222 US**FEI Number:** 61-1176499**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PD
Name	LAVIN, BRIAN F
Address	600 N HURSTBOURNE PARKWAY SUITE 300
City-State-Zip:	LOUISVILLE KY 40222

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

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

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

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

Title	SECRETARY, VP
Name	TAFEL, ROSANN D
Address	600 N HURSTBOURNE PARKWAY SUITE 300
City-State-Zip:	LOUISVILLE KY 40222

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: ROSANN D. TAFEL**SECRETARY****05/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date