

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90054 020 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **H 50995** ✓
 1. Corporation Name
NTS/SABAL RESIDENTIAL, INC.

Principal Place of Business Mailing Address
40 NTS Corporation **40 NTS Corporation**
10172 Linn Station Road **10172 Linn Station Road**
Louisville, KY 40223 **Louisville, KY 40223**

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		30	Country

3	Date Incorporated or Qualified	
4	FEI Number	Applied For
5	Certificate of Status Desired	Not Applicable
6	Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
7		\$5.00 May Be Added to Fees
8	This corporation owes the current year Intangible Personal Property Tax.	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent
ADAMS, GARY D
407 Wekiva Springs Road
Suite 213
Longwood, FL 32779

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	NICHOLS, JD	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	GOOD, RICHARD L	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LAVIN, BRIAN F	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ADAMS, GARY D	
STREET ADDRESS	407 Wekiva Springs Rd, Ste 213	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MITCHELL, NEIL A	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HOWARD, SUSAN M	
STREET ADDRESS	10172 Linn Station Road	
CITY-ST-ZIP	Louisville, KY 40223	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Susan M Howard **SUSAN M HOWARD, VP/Sec** 4/29/99 (502) 426-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)