

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90347 045 ***150.00

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DOCUMENT # H50995					
1. Entity Name NTS/SABAL RESIDENTIAL, INC.					
Principal Place of Business C/O NTS CORPORATION 10172 LINN STATION RD. LOUISVILLE, KY 40223			Mailing Address C/O NTS CORPORATION 10172 LINN STATION RD. LOUISVILLE, KY 40223		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
03212005			Chg-P		CR2E034 (10/03)
4. FEI Number 61-1075899				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAVEC, RICHARD D 690 LAKE FOREST BLVD SANFORD, FL 32771			Name James F. Heekin, Jr.		
			Street Address (P.O. Box Number is Not Acceptable)		
			215 N. Eola Drive		
			City Orlando		
			FL		
			Zip Code 32801		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE				4/22/05	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC NICHOLS, J.D. 10172 LINN STATION ROAD LOUISVILLE, KY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC J.D. Nichols 10172 Linn Station Rd. Louisville, KY 40223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAVIN, BRIAN 10172 LINN STATION ROAD LOUISVILLE, KY 40223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS HOWARD, SUSAN 10172 LINN STATION RD LOUISVILLE, KY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS Susan M. Howard 10172 Linn Station Rd. Louisville, KY 40223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP WELLS, GREGORY A 10172 LINN STETON RD LOUISVILLE, KY 40223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Executive V.P. Gregory A. Wells 10172 Linn Station Road Louisville, KY 40223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT MITCHELL, NEIL A 10172 LINN STETON RD LOUISVILLE, KY 40223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/Treasurer David B. Pitchford 10172 Linn Station Rd. Louisville, KY 40223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:				4/21/05 (502) 426-4800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	
Susan M. Howard, Secretary					