

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90059 046 ***150.00

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

Acctg Manager _____ Date _____



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number

61-1075899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR
215 N EOLA DRIVE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DC ☐ Delete
NAME NICHOLS, J.D.
STREET ADDRESS 10172 LINN STATION ROAD
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE P ☐ Delete
NAME LAVIN, BRIAN
STREET ADDRESS 10172 LINN STATION ROAD
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE VPS ☐ Delete
NAME HOWARD, SUSAN
STREET ADDRESS 10172 LINN STATION RD
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE EVP ☐ Delete
NAME WELLS, GREGORY A
STREET ADDRESS 10172 LINN STETON RD
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE VPT ☐ Delete
NAME PITCHFORD, DAVID B
STREET ADDRESS 10172 LINN STETON RD
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10172 Linn Station Road
CITY-ST-ZIP Louisville, KY 40223

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10172 Linn Station Road
CITY-ST-ZIP Louisville, KY 40223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 exemption.

SIGNATURE:

Susan M Howard, VP / Sec *Susan M. Howard* 4/10/07 (502) 426-4800
VP / Secretary

Date

Daytime Phone #