

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

**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



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
WELLS, GREGORY A  
10172 LINN STATION ROAD  
LOUISVILLE, KY 40223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
PITCHFORD, DAVID B  
10172 LINN STATION ROAD  
LOUISVILLE, KY 40223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000808389  
02/07/08-80045-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 empowered.

SIGNATURE: Susan M. Howard, VP/Sec Susan M. Howard, VP/Sec 1/14/2008 (502) 426-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #