

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H55294 (3)

1. Corporation Name

NTS/RESIDENTIAL PROPERTIES, INC.-FLORIDA



Principal Place of Business

10172 LINN STATION RD.  
LOUISVILLE KY 40223

Mailing Address

10172 LINN STATION RD.  
LOUISVILLE KY 40223

3. Date Incorporated or Qualified  
05/06/1985

3a. Date of Last Report  
04/24/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

61-1121434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEMPLETON, MARGARET O  
%NTS LAKE FOREST CLUB HOUSE  
5350 SHORELINE CIRCLE  
LAKE FOREST FL 32771

81 Name

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

83

84 City

FL

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 the corporation

(When Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE VC  
NAME GOOD, RICHARD L.  
STREET ADDRESS 10172 LINN STATION RD.  
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE SVPS  
NAME COMPTON, GREGORY A.  
STREET ADDRESS 10172 LINN STATION RD  
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE SVPT  
NAME HAMPTON, JOHN W  
STREET ADDRESS 10172 LINN STATION RD  
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE P  
NAME TEMPLETON, MARGARET O  
STREET ADDRESS 5350 SHORELINE CIRCLE  
CITY-ST-ZIP LAKE FOREST FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Gregory A. Compton, Sr VP/Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GREGORY A. COMPTON, SR VP/SEC

5/29/96

(502) 426-4800

CR2E034 (12/95)