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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

H55294

FILED Apr 29 1997 8:00am Secretary of State

N	S/Residential Pro	operties, Inc	-F	'1c	orida					
Principal Pace of Business Malling Address										
10172 Linn Station Rd. 10172 Linn Sta						rd.				
Louisville, Ky 40223 Louisville,				Ky 40223		3. Date Incorporated or Qualified 3a. Date of Last Report				
						5/06/1985	4/96			
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number			oplied For	
21 28						61-1121434	61-1121434 Not Ap			
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75	Additional	
22 27						3. Certificate of Status Desired		Fee Re	equired	
City & State City & State						6. Election Campaign Financing	-	\$5.00		
23	28					Trust Fund Contribution	Ш	Added		
Zip	hand in the second of the seco			untry  8. This corporation has liability for intangible tax under s. 199.032,						
24	25   29   30     9. Name and Address of Current Registered Agent				Florida Statutes Yes You 10. Name and Address of New Registered Agent					
	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New He	Jinteleti V	Jent		
					or reality					
Templeton, Margaret O					82 Street Address (P.O. Box Number is Not Acceptable)					
c/o Lake Forest Club House				63						
5350 Shoreline Circle										
Lake F	orest, Fl 32771		Ì	84	City		FL	85 Zip (	Code	
44 0	the state of Continue 607 0500	and CO7 1500 Florida Statut	on the ob		named co	rporation submits this statement for the p		banaina il	n registered	
office or r	ea stered agent, or both, in the State of	Florida Such change was	authorized	d by	the corpora	ation's board of directors. I hereby accep	t the appoi	ntment as	registered	
agent La	m familiar with, and accept the obligati	ons of, Section 607.0505, Fk	orida Stati	utes	<b>5</b> .				ļ	
SIGNATURE		ALC:	T. D. Water	4 4			DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND		13,	Age	nt signature requ	ured when reinstating)  ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12	
TILE _ ]		DELETE	1.1 Tit	ſLξ		SVP		Change	Addition	
NAME:	DC		1.2 NA		,	Adams, Gary D				
STREET ADDRESS	Nichols, J.D.					10172 Linn Station	, DA		}	
CITY ST-ZIF	101/2 Linn Station Rd.					Louisville, Ky				
TITLE	Louisville, Ky	DELETE	2.1 (1)			VP		Change	Addition	
NAME	VC		2.2 NA	ME				-	_	
STREET ADDRESS	الله المالية					Mitchell, Neil A				
CHY-S1-ZIP	40470			10172 Limi Station Ro					1	
TIT,F	Louisville, Ky DELETE 3.1					Louisville, Ky Change Addition				
NAME			3 2 NA	ME	1	VP				
STREET ACORESS			3.3 ST	REET		Howard, Susan M.			İ	
C:TY-ST-ZIP					77-719	10172 Linn Station	ı Rd		ţ	
THEF	SVPS	☐ DELETE	41717			Louisville, Ky		Change	Addition	
NAME	'Compton, Gregor	v A.	4 2 N/	AME					)	
STREET ADDRESS	10172 Linn Stat		4.3 ST	REET	ADDRESS				1	
CITY 51-7:2	Louisville, Ky	+UM AM.	4.4 CI					11		
TILE	SVPT	DELETE	5 1 TII				Ţ	Change	Addition	
NAME	'Hampton, John W		5.2 NA	ME	.			KIN	nh	
STREET ADDRESS				REET	ADDRESS		4	1) <i>(//-</i>	JY/Y4	
CH1-8 7/P		ion ka	5.4 CI	TY-S	T-ZIP		///	/ [	11/1	
11.11	Louisville, Ky	☐ DELETE	61 TIT		<del></del>			Change	Addition	
NAM	1 p		62 NA	ΜĒ	)	90000216	154	ŀ9	}	
STREET ADDRESS	Templeton, Marg		6.3 \$1	REET	ADDRESS	-05/01/97010	2604	6		
	5350 Shoreline	Circle	0.4.00	7v C		90000216 -05/01/970107 ***165.00	mer herl'	-	-	
14 I do here	by certify that the information supplied	with this filling does not qual	fy for the	exe	motion state	ed in Section 119.07(3)(i). Florida Statute	s. I further d	certify that	the	
l am an o	ifficer or director of the corporation or t	ne receiver ar trustee empoy	vered to e	exec	irate and the oute this rep	at my signature shall have the same lega ort as required by Chapter 607, Florida S	i effect as l itatutes; and	r made un: d that my r	ger oath; that i	
liam an officer of 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: Jusan 70 Journ Susan M. Howard, Y.P.