

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

POSTING AUTHORIZATION

Date Apr 27, 2007 **FILED**  
 Profit Center 08:00 A  
 Account Code Secretary of State  
 Job Cost \_\_\_\_\_  
 Property / Project Manager \_\_\_\_\_  
 Property / Project Senior Manager \_\_\_\_\_

DOCUMENT # H55294

1. Entity 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

Accountant \_\_\_\_\_ Date \_\_\_\_\_  
 Acctg Manager \_\_\_\_\_ Date \_\_\_\_\_  
 Acctg Manager \_\_\_\_\_ Date \_\_\_\_\_



01042007 Chg-P CR2E034 (12/06)

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

4. FEI Number

61-1121434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP 000000737568  
 05/11/07-80033-017 150.00

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

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
 NAME VPS ☐ Delete  
 HOWARD, SUSAN M  
 STREET ADDRESS 10172 LINN STATION ROAD  
 CITY-ST-ZIP LOUISVILLE, FL 40223

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
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 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
 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 empowered.

SIGNATURE:

*Susan M Howard* VP/Sec  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Susan M Howard* VP/Secretary

Date

Daytime Phone #

4/10/07 (502) 426-4800