

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

5/11/95 PM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29742** (6)
1. Corporation Name
SABAL POINT COMMERCIAL PROPERTY ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 61-1176499	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

Principal Place of Business		Mailing Address	
C/O NTS CORP. 10172 LINN STATION LOUISVILLE KY 40223-3887		C/O NTS CORP. 10172 LINN STATION LOUISVILLE KY 40223-3887	
2. Principal Place of Business	2a. Mailing Address		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.		
22. City & State	27. City & State		
23. Zip	28. Zip		
24. Country	29. Country		

9. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	

10. Name and Address of New Registered Agent	
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 of person authorized to sign this report on behalf of the corporation)

(If the Registered Agent is a corporation, sign as agent for the corporation)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	ADAMS, GARY	12 NAME	
STREET ADDRESS	5350 SHORELINE CIRLCE	13 STREET ADDRESS	
CITY, ST, ZIP	SANFORD FL	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SINGLETON, STARR	22 NAME	
STREET ADDRESS	5350 SHORLINE CIRLCE	23 STREET ADDRESS	
CITY, ST, ZIP	SANFORD FL	24 CITY, ST, ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, ANGEL	32 NAME	
STREET ADDRESS	5350 SHORELINE CIRCLE	33 STREET ADDRESS	
CITY, ST, ZIP	SANFORD FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 410.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GARY D. ADAMS
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY D. ADAMS, DIRECTOR

4/14/95 407-679-9700
Tallahassee, Florida