

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
C/O NTS CORP.
10172 LINN STATION
LOUISVILLE KY 40223-3887

3. Date Incorporated or Qualified **12/15/1988** 3a. Date of Last Report **05/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

ADAMS, GARY D
UNIVERSITY BUSINESS CENTER
3300 UNIVERSITY BLVD.
WINTER PARK FL 32792

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **ADAMS, GARY**
CITY-ST-ZIP **5350 SHORELINE CIRCLE**
SANFORD FL
TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **SINGLETON, STARR**
CITY-ST-ZIP **5350 SHORLINE CIRLCE**
SANFORD FL
TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **SMITH, ANGEL**
CITY-ST-ZIP **5350 SHORELINE CIRCLE**
SANFORD FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **LAKE FOREST, FL.**
2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **VP/D**
2.3 STREET ADDRESS **TERRI ROSALOS**
2.4 CITY-ST-ZIP **5350 SHORELINE CIRCLE**
LAKE FOREST, FL.
3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **S/D**
3.3 STREET ADDRESS **STEPHANIE JOHNSON**
3.4 CITY-ST-ZIP **5350 SHORELINE CIRCLE**
LAKE FOREST, FL.
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John A. Campbell, Sr. VP/Secretary*

3/29/96 (512) 426-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)