7-2-98 B-1990 FILE NOW: FILING FEE IS \$61.25 NC

NONPROFIT **CORPORATION** ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State					Secretary of State	
1998 DIVISION OF CORPORATIONS						y of State
DOCU 1. Corporatio	MENT # N	29742				
SABAL POINT COMMERCIAL PROPERTY ASSOCIATION, INC						hidis Gifit Banas pagas pidas pigas inni
Principal Place of Business Mailing Address						JIOH OFOH EHRH OFOH OHOM DIRIK FOOL
C/O NTS CORP. C/O NTS CORP.					3. Date Incorporated or Qualified	
10172 LINN STATION 10172 LINN STATION LOUISVILLE KY 40223-3887 LOUISVILLE KY 40223-3887					12/15/1988	
Education of Metaland					4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address					61-1176499	Not Applicable
21	add of Doomies	26	<u> </u>		Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite			Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22 City & Stat	2 27 City & State City & State				Trust Fund Contribution	
23 28					7. Is this nonprofit corporation a home	_
Zip	Country	Zip	 	ountry	8. This corporation owes or has paid the	
24	25 R. Name and Addre	29 29 29 29 29 29 29 29 29 29 29 29 29 2	[30]	- 1	Personal Property Tax due June 30. 10. Name and Address of New Regist	
, , .	o, maine and Addie	as of content frogratered Age		81 Name	10. Hame and Address of Her Hogis	torou Agent
UNIVERSITY BUSINESS CENTER					dress (P.O. Box Number is Not Acceptable)	
					areas (1.0.1 sen 1.0.1 list) to that 1 isospitality	
3300 ONINERION DEVO.				83		
WINTER PARK FL 32792						FL 85 Zip Code
11. Pursuant	to the provisions of Sect	ions 617.0502 and 617.1508, F	rporation submits this statement for the purp ation's board of directors. I hereby accept the			
agent. I a	registered agent, or both im familiar with, and acco	, in the State of Florida. Such d ept the obligations of, Section (nange was authoriz 517.0503, Florida St	ed by the corpora atutes.	ation's board of directors. I hereby accept the	ie appointment as registered
SIGNATURE .	Clares so broad or printed parties	of registered agent and title if applicable.	(NOTE: Pegisto	red Agent signature requ	ulted when reincloting)	DATE
12.		FFICERS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICER	
TITLE	PTD		DELETE 1.1	TITLE		Change Addition
NAME	ADAMS, GARY	AID! AF	-	NAME		
STREET ADORESS	5350 SHORELINE LAKE FOREST FL	CIRLCE		STREET ADDRESS		
CITY-ST-ZIP TITLE	VPD		·	CITY-ST-ZIP TITLE		Change Addition
NAME	ROSALES, TERRI	_		NAME		_ , _
STREET ADDRESS	5350 SHORLINE C	PIRLCE	2.3	STREET ADDRESS		ı
CITY-ST-ZIP	LAKE FOREST FL			CITY-ST-ZIP		
TITLE Name	SD JOHNSON, STEPH			TITLE NAME		Change Addition
STREET ADDRESS	5350 SHORELINE		1	STREET ADDRESS		
CITY-ST-ZIP	LAKE FOREST FL	VII.V-0-		CITY-ST-ZIP		
TITLE	D		DELETE 4.1	TITLE		Change Addition
NAME	REUER, JO	A.D.O. T		NAME		
STREET ADDRESS	5350 SHORELINE LAKE FOREST FL	CIRCLE		STREET ADDRESS		
CITY-ST-ZIP TITLE	DANE FOREST PL		1	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
NAME		_		NAME		_ , _
STREET ADDRESS			5.3	STREET ADDRESS		
CITY-ST-ZIP			1 2 - 2 - 2	CITY-ST-ZIP		Change
TITLE NAME		L.		TITLE NAME		Change . Addition
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP	_	
14. I hereby o	certify that the information	n supplied with this filing dose	not qualify for the o	vamption stated in	n Section 119 07/3\(ii) Florida Statutes I furt	her certify that the information

r new yearny may me information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is rule 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 empoyered 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 approximation.

SIGNATURE:X

Jul 02 1998 8:00am