

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009854

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: SABLE POINTE EAST OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

81 SEACREST BEACH BLVD EAST  
SEACREST BEACH, FL 32459

**New Principal Place of Business:**

67 SEACREST BEACH BLVD EAST  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

PO BOX 611707  
ROSEMARY BEACH, FL 32461

**New Mailing Address:**

FEI Number: 20-0386459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, W. CHRISTOPHER  
151 REGIONS WAY  
SUITE 6-A  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

STENBERG, CYNTHIA T  
7 TOWN CENTER LOOP  
SUITE 16  
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: CYNTHIA T. STENBERG      04/28/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: SANDERS, BRAD  
Address: 12028 HUNTING CREST DRIVE  
City-St-Zip: PROSPECT, KY 40059

Title: VP/D ( ) Delete  
Name: DRIER, BRAD  
Address: 4882 CREEK DRIVE  
City-St-Zip: DUNWOODY, GA 30338

Title: S/T ( ) Delete  
Name: DRIER, LESLIE  
Address: 4882 CREEK DRIVE  
City-St-Zip: DUNWOODY, GA 30338

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BARWICK, KEN  
Address: 149 SHALLOWBROOK FARMS ROAD  
City-St-Zip: THOMASVILLE, GA 31792

Title: SD (X) Change ( ) Addition  
Name: RUGER, FRAN  
Address: 1200 GREYSTONE DR  
City-St-Zip: TUSCALOOSA, AL 35406

Title: TD (X) Change ( ) Addition  
Name: ADKINSON, JUDY  
Address: 1200 GREYSTONE DR  
City-St-Zip: TUSCALOOSA, AL 35406

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN BARWICK      PD      04/28/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date