


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90053 014 \*\*\*\*61.25

**DOCUMENT # N03000009854**

1. Entity Name  
**SABLE POINTE EAST OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**67 SEACREST BEACH BLVD EAST  
 PANAMA CITY BEACH, FL 32413**

Mailing Address  
**PO BOX 611707  
 ROSEMARY BEACH, FL 32461**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02102006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>20-0386459</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>STENBERG, CYNTHIA T                  7 TOWN CENTER LOOP                  SUITE 16                  SANTA ROSA BEACH, FL 32459</b>		Name <b>Cynthia T Stenberg</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARWICK, KEN		NAME		
STREET ADDRESS	149 SHALLOWBROOK FARMS ROAD		STREET ADDRESS		
CITY-ST-ZIP	THOMASVILLE, GA 31792		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUGER, FRAN		NAME		
STREET ADDRESS	1200 GREYSTONE DR		STREET ADDRESS		
CITY-ST-ZIP	TUSCALOOSA, AL 35406		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINSON, JUDY		NAME		
STREET ADDRESS	1200 GREYSTONE DR		STREET ADDRESS		
CITY-ST-ZIP	TUSCALOOSA, AL 35406		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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:** Ken Barwick **Ken Barwick** 2/19/06 **229-221-3305**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ATTACHMENT  
40018513  
#N03000009854

02/10/2006

Ken,

Enclosed you will find the Annual Report to the Florida Department of State.

The law requires one of the Association Officers be the signing party.

Could you sign the form at the bottom and send it back to me as soon as possible? I have enclosed a return envelope for you. It is time sensitive!!

FYI- We are about to start the resurfacing of the pool here at Seacrest. It should be done within about 3 weeks, weather providing. We had an expansion joint start leaking on the west side of the pool. The pool has to be drained to repair that so we figured what the heck, we'll just do the whole thing while we've got it drained.

We had an issue with water getting into the elevator shaft during hard rains recently. I contacted John Bennett about it and he has sent a roofer down to install a wider louver on the vent stack for the elevator shaft. We had the same issue at Sable Pointe West. I think I got his attention when I faxed him the \$1500.00 repair bill. The water shorted out the control card on the cab. So that is being handled.

The landscapers have ordered the mulch for the building. It should be on the ground by the middle of next month. All the condos and the Lagoon will have mulch instead of pine straw this season. I think it will be a lot better presentation.

We painted the curbs in front of the parking spaces around the building white and painted "Reserved" and the unit numbers on them. Each owner has at least one space on the entrance side. Unit 103 & 104 has both spaces on the entrance side. There is now a painted designated handicapped space at the break in the curb on the other side of the building.

I would appreciate you getting the Annual Report form back to me ASAP!!

Call me if you have any issues.

Thanks for your help Ken.

  
John Elledge, CAM  
The Association Office At Seacrest Beach

*Thanks for  
your hard work  
Ken*