


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90066 039 \*\*\*\*70.00

**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 - No P.O. Box #  
 Suite, Apt. #, etc.


3. Mailing Address  
**P.O. Box 611686**  
 Suite, Apt. #, etc.

City & State  
**Rosemary Beach, FL**

City & State  
**Rosemary Beach, FL**

Zip  
**32461**

Country  
**WALTON**



03252008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-0386459**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STENBERG, CYNTHIA T  
 7 TOWN CENTER LOOP  
 SUITE 16  
 SANTA ROSA BEACH, FL 32459**

7. Name and Address of New Registered Agent

Name  
**Loyd Tarver**

Street Address (P.O. Box Number is Not Acceptable)  
**180 Cullman Ave.**

City  
**Santa Rosa Beach**

FL

Zip Code  
**32459**

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 *Loyd Tarver* **Loyd Tarver, Assoc. Mgr.** **3/28/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARWICK, KEN 149 SHALLOWBROOK FARMS ROAD THOMASVILLE, GA 31792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUGER, FRAN 1200 GREYSTONE DR TUSCALOOSA, AL 35406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADKINSON, JUDY 1200 GREYSTONE DR TUSCALOOSA, AL 35406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **3/28/08** **229-228-0734**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #