

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009857

**FILED  
Apr 30, 2004  
Secretary of State**

**Entity Name:** SABLE POINTE WEST OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

151 REGIONS WAY  
SUITE 6-A  
DESTIN, FL 32541

**New Principal Place of Business:**

80 SEACREST BEACH BLVD EAST  
SEACREST BEACH, FL 32459

**Current Mailing Address:**

151 REGIONS WAY  
SUITE 6-A  
DESTIN, FL 32541

**New Mailing Address:**

PO BOX 611707  
ROSEMARY BEACH, FL 32461

FEI Number: 20-0386517

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BENNETT, JOHN  
Address: 108 EAST HILL STREET  
City-St-Zip: THOMASVILLE, GA 31792

Title: D ( ) Delete  
Name: DEVANET, STEVE  
Address: 108 EAST HILL STREET  
City-St-Zip: THOMASVILLE, GA 31792

Title: D (X) Delete  
Name: KING, KEVIN  
Address: 348 ENTERPRISE DRIVE  
City-St-Zip: VALDOSTA, GA 31601

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

Title: S/T (X) Change ( ) Addition  
Name: HILSON, STEVE  
Address: 516 EAST GATE DRIVE  
City-St-Zip: THOMASVILLE, GA 31757

Title: PD (X) Change ( ) Addition  
Name: KIRKENDOLL, CHRIS  
Address: 516 E. GATE DRIVE  
City-St-Zip: THOMASVILLE, GA 31757

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVE HILSON

S/T

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date