

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009854

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

**Current Principal Place of Business:**

81 SEACREST BEACH BLVD EAST  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

PO BOX 611686  
ROSEMARY BEACH, FL 32461

**FEI Number: 20-0386459**

**Certificate of Status Desired: Yes**

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

TARVER, LOYD  
SEA BREEZE ASSOC. MGMT CO  
180 CULLMAN AVE  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ADKINSON, JUDY  
Address 4040 SIERRA DRIVE  
City-State-Zip: TUSCALOOSA AL 35406

Title DS  
Name DEITCH, ROBERT  
Address 3583 BRUMLEY WAY  
City-State-Zip: CARMEL IN 46033

Title TD  
Name HINKEBEIN, CHRIS  
Address 133 COUNCIL ROAD  
City-State-Zip: LOUISVILLE KY 40207

Title D  
Name DEPIANO, CARL  
Address 6950 KETTERING LANE  
City-State-Zip: SUWANNE GA 30024

*I hereby 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 all other like empowered.*

**SIGNATURE: JUDY ADKINSON**

**DIRECTOR**

**02/07/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date