

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009857

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

**Current Principal Place of Business:**

80 SEACREST BEACH BLVD. W  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

PO BOX 611686  
ROSEMARY BEACH, FL 32461

**FEI Number:** 20-0386517

**Certificate of Status Desired:** No

**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            DVP  
Name            RIGDEN, KENNETH  
Address        12574 DURBIN DR  
City-State-Zip: ST LOUIS MO 63141

Title            DP  
Name            MAY, BROOKS  
Address        1065 FIELDS LANE  
City-State-Zip: SIMPSONVILLE KY 40067

Title            DS  
Name            ADELMAN, DEAN  
Address        2145 COLLINS DRIVE N.W.  
City-State-Zip: ATLANTA GA 30318

Title            DT  
Name            SHARP, BARBARA  
Address        5306 SIR LIONEL CT.  
City-State-Zip: CHARLOTTE NC 28277

*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:** BROOKS MAY

**DIRECTOR**

**03/23/2014**

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

\_\_\_\_\_  
Date