

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90052 040 \*\*\*\*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**

40000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**20-0386459**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STENBERG, CYNTHIA T  
7 TOWN CENTER LOOP  
SUITE 16  
SANTA ROSA BEACH, FL 32459**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BARWICK, KEN  
STREET ADDRESS 149 SHALLOWBROOK FARMS ROAD  
CITY- ST- ZIP THOMASVILLE, GA 31792

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE SD ☐ Delete  
NAME RUGER, FRAN  
STREET ADDRESS 1200 GREYSTONE DR  
CITY- ST- ZIP TUSCALOOSA, AL 35406

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE TD ☐ Delete  
NAME ADKINSON, JUDY  
STREET ADDRESS 1200 GREYSTONE DR  
CITY- ST- ZIP TUSCALOOSA, AL 35406

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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. I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ken Barwick*  
**Ken Barwick**

**2-5-07**  
Date

**229-228-0734**  
Daytime Phone