


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N03000009854</b> 1. Entity Name <b>SABLE POINTE EAST OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>67 SEACREST BEACH BLVD EAST PANAMA CITY BEACH, FL 32413</b>				Mailing Address <b>PO BOX 611707 ROSEMARY BEACH, FL 32461</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 611686</b> Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State <b>Rosemary Beach, FL</b> Zip                      Country <b>32461                      WALTON</b>		4. FEI Number <b>20-0386459</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STENBERG, CYNTHIA T 7 TOWN CENTER LOOP SUITE 16 SANTA ROSA BEACH, FL 32459</b>				7. Name and Address of New Registered Agent Name <b>Loyd Tarver</b> Street Address (P.O. Box Number is Not Acceptable) <b>180 Cullman Ave.</b> City <b>Santa Rosa Beach</b> <b>FL</b> Zip Code <b>32459</b>	
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 <u><i>Loyd Tarver</i></u> <b>Loyd Tarver</b> <i>Assoc. Mgr.</i> <b>3/28/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE: <u><i>Ken Barwick</i></u> <b>Ken Barwick</b> <b>3/28/08</b> <b>229-228-0734</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					