


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-07-2008 90066 038 ****70.00

DOCUMENT # N03000009857	
1. Entity Name SABLE POINTE WEST OWNERS ASSOCIATION, INC.	

Principal Place of Business 7 TOWN CENTER LOOP C-16 SANTA ROSA BEACH, FL 32549	Mailing Address PO BOX 611707 ROSEMARY BEACH, FL 32461
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2. Principal Place of Business - No P.O. Box # 80 Seacrest Beach Blvd W	3. Mailing Address P.O. Box 611686
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Seacrest, FL	City & State Rosemary Beach, FL
Zip 32413	Zip 32461
Country WALTON	Country WALTON



03252008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent STENBERG, CYNTHIA T 7 TOWN CENTER LOOP SUITE 16 SANTA ROSA BEACH, FL 32459	
7. Name and Address of New Registered Agent Name Loyd Tarver Street Address (P.O. Box Number is Not Acceptable) 180 Cullman Ave. City Santa Rosa Beach FL Zip Code 32459	

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 Loyd Tarver Signature, typed or printed name of registered agent and title if applicable.	Loyd Tarver Assoc Mgr. 3/29/08 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RIGDEN, KENNETH 12574 DURBIN DR ST LOUIS, MO 63141 <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	DVP BROOKS, MAY 4704 CHAUNCEY LEE LANE LOUISVILLE, KY 40241 <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	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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.	
SIGNATURE: Brooks May SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Brooks May 3/28/08 502-548-0504 Date Daytime Phone #