2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 611686
ROSEMARY BEACH, FL 32461

New Mailing Address:

FEI Number: 20-0386517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TARVER, LOYD
180 CULLMAN AVE.
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: RIGDEN, KENNETH
Address: 12574 DURBIN DR
City-St-Zip: ST LOUIS, MO 63141

Title: DVP ( ) Delete
Name: BROOKS, MAY
Address: 4704 CHAUNCEY LEE LANE
City-St-Zip: LOUISVILLE, KY 40241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: MAY, BROOKS
Address: 4704 CHAUNCEY LEE LANE
City-St-Zip: LOUISVILLE, KY 40241

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BROOKS MAY DVP 04/23/2009

Electronic Signature of Signing Officer or Director — Date