| 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 | o execute this report as required by Chapter 617, Flo | rida Statutes; and that my name appears |
| above, or on an attachment with all other like empowered. | | |
| SIGNATURE: KEN RIGDEN | Р | 03/27/2016 |

DOCUMENT# N0300009854

Entity Name: SABLE POINTE EAST OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

81 SEACREST BEACH BLVD EAST PANAMA CITY BEACH, FL 32413

Current Mailing Address:

11714 EMERALD COAST PARKWAY MIRAMAR BEACH. FL 32550 US

FEI Number: 20-0386459

Name and Address of Current Registered Agent:

JOHNSON, ZACH S COASTAL PROPERTIES ASSOCIATION MANAGEMENT, LLC. 11714 EMERALD COAST PKWY MIRAMAR BEACH, FL 32550 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: ZACH JOHNSON | |
|-------------------------|------------|
| SIGNATURE: ZACH JOHNSON | 03/27/2016 |

Electronic Signature of Registered Agent

Officer/Director Detail :

Title PRESIDENT Name RIGDEN, KEN Address 11714 EMERALD COAST PARKWAY City-State-Zip: MIRAMAR BEACH FL 32550

Electronic Signature of Signing Officer/Director Detail

FILED Mar 27, 2016 Secretary of State CC5997919403

Certificate of Status Desired: No

Date

Date