

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:18

DOCUMENT # 724771 (1)

1. Corporation Name
SADDLEBAG LAKE OWNERS ASSOCIATION

Principal Place of Business Mailing Address
499 SADDLEBAG LAKE ROAD LAKE WALES FL 33853-7113 US
499 SADDLEBAG LAKE ROAD LAKE WALES FL 33853-7113 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/10/1972 3a. Date of Last Report 02/23/1994
4. FEI Number 59-1515157 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 * 25 29 30

9. Name and Address of Current Registered Agent
YEOMANS, JAMES W.
499 SADDLEBAG LAKE ROAD
LAKE WALES FL 33853
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE *James W. Yeomans* DATE 3/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	XXXXXXXXX DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, WARREN L.	1.2 NAME	CHARLES SEELY
STREET ADDRESS	98 SADDLEBAG TRAIL	1.3 STREET ADDRESS	89 ROYAL COACHMAN
CITY - ST - ZIP	LAKE WALES FL	1.4 CITY - ST - ZIP	LAKE WALES FL 33853
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODYEAR, DAVID C	2.2 NAME	
STREET ADDRESS	5 NIGHT OWL CIR	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	DIRECTORICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGHOFER, GISELA	3.2 NAME	DON CLARK
STREET ADDRESS	5 GRAYHACKLE	3.3 STREET ADDRESS	24 QUEEN OF WATERS
CITY - ST - ZIP	LAKE WALES FL	3.4 CITY - ST - ZIP	LAKE WALES FL 33853
TITLE	D	4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODYEAR, DAVID	4.2 NAME	EMAGENE HOWELL
STREET ADDRESS	58 SADDLEBAG TRAIL	4.3 STREET ADDRESS	75 SADDLEBAG TRAIL
CITY - ST - ZIP	LAKE WALES FL	4.4 CITY - ST - ZIP	LAKE WALES FL 33853
TITLE	T	5.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JOHN A	5.2 NAME	CLEMENT DOWLER
STREET ADDRESS	48 SILVERSIDES	5.3 STREET ADDRESS	19 GINGER QUILL CIRCLE
CITY - ST - ZIP	LAKE WALES FL	5.4 CITY - ST - ZIP	LAKE WALES FL 33853
TITLE	D	6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEELY, CHARLES	6.2 NAME	JOHN LYNCH
STREET ADDRESS	89 ROYAL COACHMAN	6.3 STREET ADDRESS	48 SILVERSIDES
CITY - ST - ZIP	LAKE WALES FL	6.4 CITY - ST - ZIP	LAKE WALES FL 33853

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Clement D. Dowler* DATE 3/1/95 (813) 696-2407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR