

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90002 004 \*\*\*\*61.25

**DOCUMENT # 724771**  
 1. Entity Name  
**SADDLEBAG LAKE OWNERS ASSOCIATION**



Principal Place of Business  
**499 SADDLEBAG LAKE ROAD  
 LAKE WALES, FL 33898-7113 US**

Mailing Address  
**499 SADDLEBAG LAKE ROAD  
 LAKE WALES, FL 33898-7113 US**

**54025797**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03112004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-151517**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**YEOMANS, JAMES W.  
 499 SADDLEBAG LAKE ROAD  
 LAKE WALES, FL 33898-7113**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STURMS, SAM</b> <b>34 SADDLEBAG TRAIL</b> <b>LAKE WALES, FL 33898</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEAGLE, RICHARD</b> <b>36 SADDLEBAG TRL S</b> <b>LAKE WALES, FL 33898</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KOBIERECKI, LORRAINE</b> <b>5 BEAVERKILL</b> <b>LAKE WALES, FL 33898</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, EDWARD J</b> <b>19 SILVER DOSCTOR</b> <b>LAKE WALES, FL 33898</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, GEORGE "BILL"</b> <b>97 BEAVERKILL</b> <b>LAKE WALES, FL 33898</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WEIRAUCH, EDWARD</b> <b>20 ROYAL COACHMAN</b> <b>LAKE WALES, FL 33898</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARY JANE GIECHE</b> <b>42 QUEEN OF WATERS</b> <b>LAKE WALES FL 33898</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mary Jane Gieche Date: 4/1/04 Daytime Phone #: (863)696-2407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR