


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/1 **FILED**
Apr 26, 2005 8:00 am
Secretary of State

04-11-2005 90142 013 ****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**

66013152



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

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

01032005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-1515157

Applied For
 Not Applicable

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
MAGGARD, NATHALIE J.
 Street Address (P.O. Box Number is Not Acceptable)
499 SADDLEBAG LAKE ROAD
 City
LAKE WALES FL Zip Code
33898-7113

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 *Nathalie J. Maggard* Registered Agent 4/22/2005
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reelecting) DATE

Filing Fee is **\$61.25**
 Due by **May 1, 2005**

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	V	<input type="checkbox"/> Delete
NAME	STURMS, SAM	
STREET ADDRESS	34 SADDLEBAG TRAIL	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAGLE, RICHARD	
STREET ADDRESS	36 SADDLEBAG TRL S	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOBIERECKI, LORRAINE	
STREET ADDRESS	5 BEAVERKILL	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, EDWARD J	
STREET ADDRESS	19 SILVER DOSCTOR	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE "BILL"	
STREET ADDRESS	97 BEAVERKILL	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	P	<input type="checkbox"/> Delete
NAME	GIECHE, MARY JANE	
STREET ADDRESS	42 QUENN OF WATERS	
CITY-ST-ZIP	LAKE WALES, FL 33898	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* MARY JANE GIECHE, PRESIDENT 4/1/2005 (863) 696-2407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #