

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90350 034 \*\*\*\*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**

**40042291**



03282006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

**MAGGARD, NATHALIE J  
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STURMS, SAM	
STREET ADDRESS	34 SADDLEBAG TRAIL	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEAGLE, RICHARD	
STREET ADDRESS	36 SADDLEBAG TRIL S	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KOBIEŹECKI, 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 DOCTOR	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	D	<input checked="" 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	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE BALCH	
STREET ADDRESS	9 SILVER DOCTOR LANE	
CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEE BRAUND	
STREET ADDRESS	93 SADDLEBAG TRAIL	
CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID RANKIN	
STREET ADDRESS	95 SILVERSIDES	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD ADKINS	
STREET ADDRESS	1 SILVERSIDES	
CITY-ST-ZIP	LAKE WALES FL 33898	
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 exemptions contained 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 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 Sieche  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/06  
 Date

Daytime Phone #