

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724771

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: SADDLEBAG LAKE OWNERS ASSOCIATION

**Current Principal Place of Business:**

499 SADDLEBAG LAKE ROAD  
LAKE WALES, FL 338987113 US

**New Principal Place of Business:**

**Current Mailing Address:**

499 SADDLEBAG LAKE ROAD  
LAKE WALES, FL 338987113 US

**New Mailing Address:**

FEI Number: 59-1515157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAGGARD, NATHALIE J  
499 SADDLEBAG LAKE ROAD  
LAKE WALES, FL 338987113 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BALCH, BRUCE  
Address: 9 SILVER DOCTOR LANE  
City-St-Zip: LAKE WALES, FL 33898

Title: D ( ) Delete  
Name: BRAUND, DEE  
Address: 93 SADDLEBAG TRL  
City-St-Zip: LAKE WALES, FL 33898

Title: T ( ) Delete  
Name: RANKIN, DAVID  
Address: 95 SILVER SIDES  
City-St-Zip: LAKE WALES, FL 33898

Title: VP ( ) Delete  
Name: CLARK, EDWARD J  
Address: 19 SILVER DOSCTOR  
City-St-Zip: LAKE WALES, FL 33898

Title: D ( ) Delete  
Name: ADKINS, LLOYD  
Address: 1 SILVERSIDES  
City-St-Zip: LAKE WALES, FL 33898

Title: P ( ) Delete  
Name: GIECHE, MARY JANE  
Address: 42 QUENN OF WATERS  
City-St-Zip: LAKE WALES, FL 33898

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CLARK, DICK  
Address: 19 WOODRUFF WAY  
City-St-Zip: LAKE WALES, FL 33898

Title: VP (X) Change ( ) Addition  
Name: WRIGHT, CLYDE  
Address: 11 BEAVERKILL  
City-St-Zip: LAKE WALES, FL 33898

Title: P (X) Change ( ) Addition  
Name: HANNON, JIM  
Address: 24 SILVER DOCTOR  
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM HANNON

P

04/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date