


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90057 023 ****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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04092008 Chg-NP CR2E037 (12/06)

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**

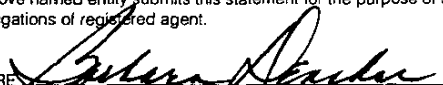
7. Name and Address of New Registered Agent

Name **BARBARA DENCKER**

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  **BARBARA DENCKER** DATE **4/9/08**

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, 2008**

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

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

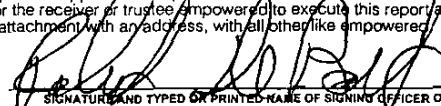
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	BALCH, BRUCE	9 SILVER DOCTOR LANE	LAKE WALES, FL 33898	<input checked="" type="checkbox"/>
D	BRAUND, DEE	93 SADDLEBAG TRL	LAKE WALES, FL 33898	<input checked="" type="checkbox"/>
T	RANKIN, DAVID	95 SILVER SIDES	LAKE WALES, FL 33898	<input checked="" type="checkbox"/>
D	CLARK, DICK	19 WOODRUFF WAY	LAKE WALES, FL 33898	<input checked="" type="checkbox"/>
VP	WRIGHT, CLYDE	11 BEAVERKILL	LAKE WALES, FL 33898	<input checked="" type="checkbox"/>
P	HANNON, JIM	24 SILVER DOCTOR	LAKE WALES, FL 33898	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	ROBERT DEBOLT	38 QUEEN OF WATERS	LAKE WALES, FL 33898	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	DIANE WILLIAMSON	31 RED QUILL	LAKE WALES, FL 33898	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	JUDIE FARRER	24 SILVERSIDES	LAKE WALES, FL 33898	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	VICKY SAYERS	87 SADDLEBAG TRAIL	LAKE WALES, FL 33898	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:  **ROBERT DEBOLT** DATE **4/9/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR