

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724771

FILED  
Apr 24, 2009  
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:**

5837 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

499 SADDLEBAG LAKE ROAD  
LAKE WALES, FL 338987113 US

**New Mailing Address:**

5837 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-1515157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DENCKER, BARBARA  
499 SADDLEBAG LAKE ROAD  
LAKE WALES, FL 338987113 US

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

COMMUNITY MANAGEMENT SERVICES, INC  
5837 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652 US

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: KIM JOHNSON, PRESIDENT

04/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DEBOLT, ROBERT  
Address: 38 QUEEN OF WATERS  
City-St-Zip: LAKE WALES, FL 33898

Title: T ( ) Delete  
Name: WILLIAMSON, DIANE  
Address: 31 RED QUILL  
City-St-Zip: LAKE WALES, FL 33898

Title: S ( ) Delete  
Name: FARRER, JUDIE  
Address: 24 SILVERSIDES  
City-St-Zip: LAKE WALES, FL 33898

Title: VP ( ) Delete  
Name: SAYERS, VICKY  
Address: 87 SADDLEBAG TRAIL  
City-St-Zip: LAKE WALES, FL 33898

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

Title: PD (X) Change ( ) Addition  
Name: DEBOLT, ROBERT  
Address: 38 QUEEN OF WATERS  
City-St-Zip: LAKE WALES, FL 33898

Title: TD (X) Change ( ) Addition  
Name: BLAIR, ROBERT  
Address: 77 SADDLEBAG TRAIL  
City-St-Zip: LAKE WALES, FL 33898

Title: SD (X) Change ( ) Addition  
Name: FARRER, JUDIE  
Address: 24 SILVERSIDES  
City-St-Zip: LAKE WALES, FL 33898

Title: VPD (X) Change ( ) Addition  
Name: SAYERS, VICKY  
Address: 87 SADDLEBAG TRAIL  
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT DEBOLT

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date