2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724771

FILED Apr 01, 2010 Secretary of State

Entity Name: SADDLEBAG LAKE OWNERS ASSOCIATION

Current Principal Place of Business: New Principal Place of Business:

5837 TROUBLE CREEK RD 499 SADDLEBAG LAKE ROAD NEW PORT RICHEY, FL 34652 US LAKE WALES, FL 33898 US

Current Mailing Address: New Mailing Address:

5837 TROUBLE CREEK RD

NEW PORT RICHEY, FL 34652 US

SUITE I

WINTER HAVEN, FL 33884 US

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

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

COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US
SUITE I
WINTER HAVEN, FL 33884 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: HAROLD W. STAMBAUGH 04/01/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: KIGHTLEY, ROBERT
Address: 47 ROYAL COACHMAN
City-St-Zip: LAKE WALES, FL 33898

Title: TD

Name: BLAIR, ROBERT

Address: 77 SADDLEBAG LAKE TRAIL City-St-Zip: LAKE WALES, FL 33898

Title: SD

 Name:
 FARRER, JUDIE

 Address:
 24 SILVERSIDES

 City-St-Zip:
 LAKE WALES, FL 33898

Title: VPD

Name: LEWIS, KENNETH Address: 8 RED QUILL

City-St-Zip: LAKE WALES, FL 33898

I hereby 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 all other like empowered.

SIGNATURE: HAROLD W. STAMBAUGH GM 04/01/2010