## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 724771** 

FILED Mar 17, 2011 Secretary of State

Entity Name: SADDLEBAG LAKE OWNERS ASSOCIATION

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

499 SADDLEBAG LAKE ROAD LAKE WALES, FL 33898 US

**Current Mailing Address:** 

FEI Number: 59-1515157

**New Mailing Address:** 

3601 CYPRESS GARDENS RD. SUITE I

499 SADDLEBAG LAKE ROAD LAKE WALES, FL 33898 US

WINTER HAVEN, FL 33884 US

FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COMMUNITY ASSOCIATION MANAGEMENT SERVICES 3601 CYPRESS GARDENS RD. SUITE I

STAMBAUGH, INC. 3601 CYPRESS GARDENS RD. SUITE I WINTER HAVEN, FL 33884 US

WINTER HAVEN, FL 33884 US

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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: STAMBAUGH, INC.

03/17/2011 Date

Electronic Signature of Registered Agent

FEI Number Applied For ( )

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## **OFFICERS AND DIRECTORS:**

Title: PD

Name: RERUCHA, BILL
Address: 53 QUEEN OF WATERS
City-St-Zip: LAKE WALES, FL 33898

Title: TD

 Name:
 MOUNCE, CHARLIE

 Address:
 59 WOODRUFF WAY

 City-St-Zip:
 LAKE WALES, FL 33898

Title: SD

Name: BLAIR, BOB

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

Title: VPD

Name: BRADEN, PETER
Address: 17 QUEEN OF WATERS
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: BILL RERUCHA P 03/17/2011