

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724771 (1)

1. Corporation Name
SADDLEBAG LAKE OWNERS ASSOCIATION



Principal Place of Business: 499 SADDLEBAG LAKE ROAD LAKE WALES FL 33853-7113 US
Mailing Address: 499 SADDLEBAG LAKE ROAD LAKE WALES FL 33853-7113 US

3. Date Incorporated or Qualified: 11/10/1972
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business: 21 499 SADDLEBAG LAKE ROAD LAKE WALES FL 33853-7113 POLK
2a. Mailing Address: 26 499 SADDLEBAG LAKE ROAD LAKE WALES FL 33853-7113 POLK

4. FEI Number: 59-151517
Applied For: Not Applicable

9. Name and Address of Current Registered Agent: YEOMANS, JAMES W. 499 SADDLEBAG LAKE ROAD LAKE WALES FL 33853

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83: 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *James W. Yeoman* (NOTE: Registered Agent signature required when reinstating) DATE: 4/17/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: CLARK, DON STREET ADDRESS: 24 QUEEN OF WATERS CITY-ST-ZIP: LAKE WALES FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PRESIDENT 1.2 NAME: CHIC LAMBERT 1.3 STREET ADDRESS: 32 SADDLEBAG TRAIL SOUTH 1.4 CITY-ST-ZIP: LAKE WALES FL 33853	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: GOODYEAR, DAVID C STREET ADDRESS: 5 NIGHT OWL CIR CITY-ST-ZIP: LAKE WALES FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VICE PRESIDENT 2.2 NAME: TOM HOLLOWAY 2.3 STREET ADDRESS: 2 SADDLEBAG TRAIL 2.4 CITY-ST-ZIP: LAKE WALES FL 33853	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HOWELL, EMAGENE STREET ADDRESS: 75 SADDLEBAG TRAIL CITY-ST-ZIP: LAKE WALES FL	<input type="checkbox"/> DELETE	3.1 TITLE: DIRECTOR 3.2 NAME: EMAGENE HOWELL 3.3 STREET ADDRESS: 75 SADDLEBAG TRAIL 3.4 CITY-ST-ZIP: LAKE WALES FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: DOWLER, CLEMENT STREET ADDRESS: 19 GINGER QUILL CIR CITY-ST-ZIP: LAKE WALES FL	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LYNCH, JOHN STREET ADDRESS: 48 SILVERSIDES CITY-ST-ZIP: LAKE WALES FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SEELY, CHARLES STREET ADDRESS: 89 ROYAL COACHMAN CITY-ST-ZIP: LAKE WALES FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: SECRETARY 6.2 NAME: CATHY GRIFFITH 6.3 STREET ADDRESS: 16 SADDLEBAG TRAIL NORTH 6.4 CITY-ST-ZIP: LAKE WALES FL 33853	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Chic Lambert* DATE: 4/17/96 DAYTIME PHONE: (941) 696-2407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CHIC LAMBERT, PRESIDENT

CR2E037 (12/95)