

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724771

**FILED
Apr 27, 2016
Secretary of State
CC8472218870**

Entity Name: SADDLEBAG LAKE OWNERS ASSOCIATION

Current Principal Place of Business:

499 SADDLEBAG LAKE ROAD
LAKE WALES, FL 33898

Current Mailing Address:

499 SADDLEBAG LAKE ROAD
LAKE WALES, FL 33898 US

FEI Number: 59-1515157

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAMBAUGH, INC.
500 ORCHID SPRINGS DRIVE
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name LESTER, LARRY
Address 499 SADDLEBAG LAKE ROAD
City-State-Zip: LAKE WALES FL 33898

Title TREASURER
Name HALL, PETER
Address 499 SADDLEBAG LAKE ROAD
City-State-Zip: LAKE WALES FL 33898

Title SECRETARY
Name BLACKBURN, TOMI
Address 499 SADDLEBAG LAKE ROAD
City-State-Zip: LAKE WALES FL 33898

Title VP
Name WRIGHT, JAYE
Address 499 SADDLEBAG LAKE ROAD
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR
Name WILLIAMSON, DIANE
Address 499 SADDLEBAG LAKE ROAD
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR
Name JENSEN, CLIFF
Address 499 SADDLEBAG LAKE ROAD
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR
Name SMALL, FRANCIS
Address 499 SADDLEBAG LAKE ROAD
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR
Name SCHULTZ, CHARLES
Address 499 SADDLEBAG LAKE ROAD
City-State-Zip: LAKE WALES FL 33898

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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: LARRY LESTER

PRESIDENT

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RUFF, TERRY
Address 499 SADDLEBAG LAKE ROAD
City-State-Zip: LAKE WALES FL 33898