

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724771

**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            WILLIAMSON, DIANE  
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            GOODWIN, JOHN  
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            DURAND, NANCY  
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

Title            DIRECTOR  
Name            RUFF, TERRY  
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**

**04/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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