

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 09, 2018

Secretary of State

CC5427976289

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 VP
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 ASST. TREASURER
Name DURAND, NANCY
Address 499 SADDLEBAG LAKE ROAD
City-State-Zip: LAKE WALES FL 33898

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

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

Title DIRECTOR
Name GATES, DAVID
Address 500 ORCHID SPRINGS DR
City-State-Zip: WINTER HAVEN FL 33884

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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

04/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name GRAFF, KAREN

Address 500 ORCHID SPRINGS DR

City-State-Zip: WINTER HAVEN FL 33884