

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**May 07, 2020**

**Secretary of State  
2503361054CC**

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

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

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

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

Title           SECRETARY  
Name           GRAFF, KAREN  
Address        500 ORCHID SPRINGS DR  
City-State-Zip: WINTER HAVEN FL 33884

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

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

Title           ASST. SECRETARY  
Name           SPEIDEL, SUZANNE  
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:** NANCY DURAND

**PRESIDENT**

**05/07/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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