

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 11/10/1972	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 499 SADDLEBAG LAKE ROAD City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 499 SADDLEBAG LAKE ROAD City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 59-1515157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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. Yeomans* (NOTE: Registered Agent signature required when reinstating) DATE

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)