

2024 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 DIRECTOR
Name EAVES, DAN
Address 499 SADDLEBAG LAKE ROAD
City-State-Zip: LAKE WALES FL 33898

Title ASST. TREASURER
Name BAKER, KENT
Address 499 SADDLEBAG LAKE ROAD
City-State-Zip: LAKE WALES FL 33898

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

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

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

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

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

Title PRESIDENT
Name CLOUSE, DAN
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: DAN CLOUSE**PRESIDENT****04/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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