FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90112 024 ****61.25

DOCUMENT # 72477

SADDLEBAG LAKE OWNERS ASSOCIATION

Principal Place of Business

Mailing Address

2a. Mailing Address

499 SANDLEBAG LAKE ROAD LAKE WALES FL 33853-7113

2. Principal Place of Business

499 SANDLEBAG LAKE ROAD LAKE WALES FL 33853-7113

|--|--|

3. Date Incorporated or Qualifed

21 499 SA	ADDLEBAG LAKE ROAD	26499 SADDLEBAG LAKE ROAD			11/10/1972			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FE! Number Applied For		
22		27			59-15.15.157		lot Applicable =	
City & State	City & State City & State				5. Certificate of Status Desired		Additional	
23 LAKE V	WALES FL	28 LAKE WALES FL				- Fee H	Required	
Zip	Country	Zip Country			6. Election Campaign Financing		May Be	
24 33853-7	7113 25 US	29 33853-7113 30	77.1		Trust Fund Contribution	Added	to Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Agent		
			81	Name)	
YEOMANS, JAMES W. 82			Street A	et Address (P.O. Box Number is Not Acceptable)				
499 SADDLEBAG LAKE ROAD								
	LES FL 33853		83					
		•	84	City		85 Zip	Code	
ı			[FL		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes, t	he above	-named o	corporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing it	s registered	
office or re	egister to agent, or both, in the State of	i Florida. Such change was autho ons of. Section 617.0503. Florida	nzed by t Statutes.	тв согро	ration's board of directors. I hereby acce	pt tile appointment as i	egistered	
	/ MOI	mdne				4/12/99		
SIGNATURE	Signature, typed or printed name of registered agent		istered Agent	t signature re	quired when reinstating)	DATE		
12.	OFFIÇÉRS AND		13.		ADDITIONS/CHANGES TO OF			
TITLE \	/P	X DELETE	1.1 TITLE		PRESIDENT	Change	Addition	
NAME	LAMBERT, DON "CHIC"	1	1.2 NAME	1	THOMAS HOLLOWAY			
STREET ADDRESS	32 SADDLEBAG TRAIL SOUTH		1.3 STREET	ADDRESS	2 SADDLEBAG TRAIL			
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST	r-ZIP	LAKE WALES FL 33853			
TITLE	VP	DELETE .	2.1 TITLE		VICE PRESIDENT	Change	Addition	
NAME	CLARK, BEVERLY		2.2 NAME		RICHARD DAIN		!	
STREET ADDRESS	24 QUEEN OF WATERS		2.3 STREET	ADDRESS	20_GREY_FOX			
CITY-ST-ZIP	LAKE WALES FL		2. 4 CITY-S		LAKE WALES FL 33853			
TITLE	T		3.1 TITLE		TREASURER	Change	Addition	
NAME	HOWELL, EMAGENE	1	3.2 NAME	Ì	JAMES WIERENGA			
STREET ADDRESS:	75 SADDLEBAG TRAIL	•	3.3 STREET	ADDRESS	20 GINGER QUILL			
CITY-ST-ZIP	LAKE WALES FL		3.4. CITY-\$	T-ZIP	LAKE WALES FL 33853			
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	SEISS, ROSEMARIE		4.2 NAME	\				
STREET ADDRESS	89 SADDLEBAG TRAIL		4.3 STREET	ADDRESS				
CITY-ST-ZIP	LAKE WALES FL 33853	Į	4.4 CITY-S1					
TITLE	D	X DELETE	5.1 TITLE		DIRECTOR	☐ Change	Addition	
NAME	KOPP, MARLENE	. 1	5.2 NAME	1	RAY GEORGE			
STREET ADDRESS			5.3 STREET	ADDRESS	67 SILVERSIDES			
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-ST	T-ZIP	LAKE WALES FL 33853			
TITLE	S	☐ DELETE	6.1 TTTLE			☐ Change	e Addition	
NAME	l T		6.2 NAME	Ī				
f	GRIFFITH, CATHY		6.3 STREET	ADDRESS				
STREET ADDRESS	16 SADDLEBAG TRAIL NORTH		6.4 CITY-ST					
CITY-ST-ZIP (LANE WALCO CL	-4 c						

LAKE WALES FL 14. I 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, with all other like empowered.

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