

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90026 039 ****61.25

DOCUMENT # 724771

1. Entity Name

SADDLEBAG LAKE OWNERS ASSOCIATION

Principal Place of Business

Mailing Address

499 SADDLEBAG LAKE ROAD
 LAKE WALES FL 33853-7113
 US

499 SADDLEBAG LAKE ROAD
 LAKE WALES FL 33853
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1515157

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YEOMANS, JAMES W.
499 SADDLEBAG LAKE ROAD
LAKE WALES FL 33853

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **HOLLOWAY, THOMAS**
 STREET ADDRESS **2 SADDLEBAG TRAIL**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **PRESIDENT** Change Addition
 NAME **DAIN, RICHARD**
 STREET ADDRESS **20 GREY FOX**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **VP** Delete
 NAME **DAIN, RICHARD**
 STREET ADDRESS **20 GREY FOX**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **VICE PRESIDENT** Change Addition
 NAME **STURMS, SAM**
 STREET ADDRESS **34 SADDLEBAG TRAIL**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **T** Delete
 NAME **WIERENGA, JAMES**
 STREET ADDRESS **20 GINGER QUILL**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SEISS, ROSEMARIE**
 STREET ADDRESS **89 SADDLEBAG TRAIL**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE Change Addition
 NAME **DIRECTOR MORRISON, CLINT**
 STREET ADDRESS **17 RED QUILL**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** Delete
 NAME **GEORGE, RAY**
 STREET ADDRESS **67 SILVERSIDES**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE Change Addition
 NAME **SECRETARY GEORGE, RAY**
 STREET ADDRESS **67 SILVERSIDES**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **S** Delete
 NAME **GRIFFITH, CATHY**
 STREET ADDRESS **16 SADDLEBAG TRAIL NORTH**
 CITY-ST-ZIP **LAKE WALES FL**

TITLE Change Addition
 NAME **DIRECTOR TODOSCIUK, MIKE**
 STREET ADDRESS **27 SADDLEBAG TRAIL SOUTH**
 CITY-ST-ZIP **LAKE WALES FL 33853**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Dain
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD DAIN

Date

3/3/2000 (863) 696-1141

Daytime Phone #

CR2E037 (9/99)