

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90068 018 ****61.25

DOCUMENT # 724771



1. Entity Name
SADDLEBAG LAKE OWNERS ASSOCIATION

Principal Place of Business
**499 SADDLEBAG LAKE ROAD
LAKE WALES FL 33898-7113
US**

Mailing Address
**499 SADDLEBAG LAKE ROAD
LAKE WALES FL 33898-7113
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**

CHECK HERE IF MAKING CHANGES



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 33898-7113**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete STURMS, SAM 34 SADDLEBAG TRAIL LAKE WALES FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete DAIN, RICHARD 20 GREY FOX LAKE WALES FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete WIERENGA, JAMES 20 GINGER QUILL LAKE WALES FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete COMAN, NICK 27 SADDLEBAG TRAIL LAKE WALES FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMITH, GEORGE "BILL" 97 BEAVERKILL LAKE WALES FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete WEIRAUCH, EDWARD 20 ROYAL COACHMAN LAKE WALES FL 33898

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR RICHARD BEAGLE 36 SADDLEBAG TRAIL SOUTH LAKE WALES FL 33898--
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER LORRAINE KOBIERECKI 5 BEAVERKILL LAKE WALES FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR EDWARD J. CLARK 19 SILVER DOCTOR LAKE WALES FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *SIGNATURE OF JAMES W. YEOMANS*

3/28/2003 (863) 686-2407

CR2E037 (10/02)