

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002741

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC3443896656**

**Entity Name:** SADDLEBAG CREEK RANCHES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

30106 SADDLEBAG TRAIL  
MYAKKA CITY, FL 34251

**Current Mailing Address:**

P.O. BOX 432  
MYAKKA CITY, FL 34251

**FEI Number:** 20-0671981

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

APATI, RICHARD PD  
30106 SADDLEBAG TRAIL  
MYAKKA CITY, FL 34251 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 PD  
Name APATI, RICHARD  
Address 30106 SADDLEBAG TR  
City-State-Zip: MYAKKA CITY FL 34251

Title D  
Name EDWARDS, RONNIE  
Address 29809 SADDLEBAG TR  
City-State-Zip: MYAKKA CITY FL 34251

Title D  
Name SIMON, DALE  
Address 29617 SADDLEBAG TR  
City-State-Zip: MYAKKA CITY FL 34251

Title STD  
Name DOBBS, MICHAEL  
Address 30203 SAPPLEBAG TR  
City-State-Zip: MYAKKA CITY FL 34251

Title D  
Name LUCAS, ROBERT  
Address 29416 SADDLEBAG TR  
City-State-Zip: MYAKKA CITY FL 34251

*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:** RICHARD APATI

PD

02/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date