
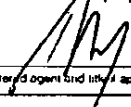
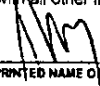


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90054 041 ****61.25

DOCUMENT # N97000002741					
1. Entity Name SADDLEBAG CREEK RANCHES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4800 STONELEIGH RD BLOOMFIELD HILLS MI 48302		Mailing Address 4800 STONELEIGH RD BLOOMFIELD HILLS MI 48302			
2. Principal Place of Business PO Box 432		3. Mailing Address PO Box 432			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Myakka City, FL			
Zip	Country	Zip	Country		
		34251	USA		
4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WILLIAMS, JARVIS 6670 WINDJAMMER PLACE BRADENTON FL 34202		7. Name and Address of New Registered Agent Name: R. Michael Eddy Street Address (P.O. Box Number is Not Acceptable): 29215 Saddlebag Trail City: Myakka City, FL Zip Code: 34251			
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: 		DATE:			
Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD WILLIAMS, JARVIS 4800 STONELEIGH RD BLOOMFIELD HILLS MI 48302	<input type="checkbox"/> Delete	TITLE	PD James Ashby 8111 High Oaks Tr Myakka City, FL 34251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD WILLIAMS, ELENOR 4800 STONELEIGH RD BLOOMFIELD HILLS MI 48302	<input type="checkbox"/> Delete	TITLE	SD David Jang 8207 High Oaks Tr Myakka City, FL 34251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD WILLIAMS, GERALD 4800 STONELEIGH RD BLOOMFIELD HILLS MI 48302	<input type="checkbox"/> Delete	TITLE	TD R. Michael Eddy 29215 Saddlebag Trail Myakka City, FL 34251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<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: 		R. Michael Eddy		Date: 7/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #: (541) 422-9797	