

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90017 002 ****61.25

DOCUMENT # N97000002741			
1. Entity Name SADDLEBAG CREEK RANCHES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 492 BLOOMFIELD HILLS MI 48302		Mailing Address P.O. BOX 432 MYAKKA CITY FL 34251	
2. Principal Place of Business PO BOX 432		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MYAKKA CITY, FL		City & State	
Zip 34251	Country	Zip	Country
6. Name and Address of Current Registered Agent EDDY, R. MICHAEL 29215 SPADDLEBAG TRAIL MYAKKA CITY FL 34251		7. Name and Address of New Registered Agent Name DAVID JANG Street Address (P.O. Box Number is Not Acceptable) 8207 HIGH OAKS 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 <u>David Jang</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME ASHBY, JAMES STREET ADDRESS 8111 HIGH OAKS TR CITY-ST-ZIP MYAKKA CITY FL 34251	<input checked="" type="checkbox"/> Delete	TITLE PD NAME RICHARD APATI STREET ADDRESS 30106 SADDLEBAG TRL CITY-ST-ZIP MYAKKA CITY, FL 34251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME JONG, DAVID STREET ADDRESS 8207 HIGH OAKS DR CITY-ST-ZIP MYAKKA CITY FL 34251	<input type="checkbox"/> Delete	TITLE TD NAME JANG, DAVID STREET ADDRESS 8207 HIGH OAKS TRL CITY-ST-ZIP MYAKKA CITY, FL 34251	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME EDDY, R. MICHAEL STREET ADDRESS 29215 SADDLEBAG TRAIL CITY-ST-ZIP MYAKKA CITY FL 34251	<input checked="" type="checkbox"/> Delete	TITLE SD NAME SIMON, DALE STREET ADDRESS 29617 SADDLEBAG TRL CITY-ST-ZIP MYAKKA CITY, FL 34251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/05)

4. FEI Number NO-T APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: David Jang DAVID JANG 6/5/06 941 322 6071