

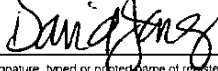
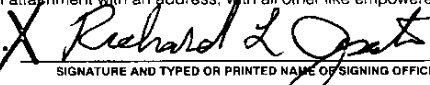


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90085 021 ****61.25

DOCUMENT # N97000002741					
1. Entity Name SADDLEBAG CREEK RANCHES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 432 MYAKKA CITY, FL 34251		Mailing Address P.O. BOX 432 MYAKKA CITY, FL 34251		40046806 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03192007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JANG, DAVID 8207 HIGH OAKS TR MYAKKA CITY, FL 34251			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 			DATE 3/21/07		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2007		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 <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	APATI, RICHARD	NAME	RONNIE EDWARDS		
STREET ADDRESS	30106 SADDLEBAG TR	STREET ADDRESS	29809 SADDLEBAG TR		
CITY-ST-ZIP	MYAKKA CITY, FL 34251	CITY-ST-ZIP	MYAKKA CITY, FL 34251		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JANG, DAVID	NAME	MICHAEL DOBBS		
STREET ADDRESS	8207 HIGH OAKS DR	STREET ADDRESS	30203 SADDLEBAG TR		
CITY-ST-ZIP	MYAKKA CITY, FL 34251	CITY-ST-ZIP	MYAKKA CITY, FL 34251		
TITLE	SD <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SIMON, DALE	NAME	ROBERT LUCAS		
STREET ADDRESS	29617 SADDLEBAG TR	STREET ADDRESS	29416 SADDLEBAG TR		
CITY-ST-ZIP	MYAKKA CITY, FL 34251	CITY-ST-ZIP	MYAKKA CITY, FL 34251		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 			DATE 3/21/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		