


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/1 **FILED**
Apr 26, 2005 8:00 am
Secretary of State

04-11-2005 90142 013 ****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 | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number 59-151517 | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| YEOMANS, JAMES W. 499 SADDLEBAG LAKE ROAD LAKE WALES, FL 33898-7113 | | | Name MAGGARD, NATHALIE J. | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 499 SADDLEBAG LAKE ROAD | | |
| | | | City LAKE WALES | | |
| | | | FL Zip Code 33898-7113 | | |
| 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: <i>Nathalie J. Maggard</i> Registered Agent 4/22/2005 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | | | |
| Filing 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 | V | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STURMS, SAM | | NAME | | |
| STREET ADDRESS | 34 SADDLEBAG TRAIL | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WALES, FL 33898 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEAGLE, RICHARD | | NAME | | |
| STREET ADDRESS | 36 SADDLEBAG TRL S | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WALES, FL 33898 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOBIERECKI, LORRAINE | | NAME | | |
| STREET ADDRESS | 5 BEAVERKILL | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WALES, FL 33898 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARK, EDWARD J | | NAME | | |
| STREET ADDRESS | 19 SILVER DOSCTOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WALES, FL 33898 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, GEORGE "BILL" | | NAME | | |
| STREET ADDRESS | 97 BEAVERKILL | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WALES, FL 33898 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIECHE, MARY JANE | | NAME | | |
| STREET ADDRESS | 42 QUENN OF WATERS | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WALES, FL 33898 | | CITY-ST-ZIP | | |
| 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: <i>Mary Jane Gieche</i> MARY JANE GIECHE, PRESIDENT 4/1/2005 (863) 696-2407 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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