

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 04, 2007
Secretary of State**

DOCUMENT# 724771

Entity Name: SADDLEBAG LAKE OWNERS ASSOCIATION

Current Principal Place of Business:

499 SADDLEBAG LAKE ROAD
LAKE WALES, FL 338987113 US

New Principal Place of Business:

Current Mailing Address:

499 SADDLEBAG LAKE ROAD
LAKE WALES, FL 338987113 US

New Mailing Address:

FEI Number: 59-1515157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGGARD, NATHALIE J
499 SADDLEBAG LAKE ROAD
LAKE WALES, FL 338987113 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BALCH, BRUCE
Address: 9 SILVER DOCTOR LANE
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: BRAUND, DEE
Address: 93 SADDLEBAG TRL
City-St-Zip: LAKE WALES, FL 33898

Title: T () Delete
Name: RANKIN, DAVID
Address: 95 SILVER SIDES
City-St-Zip: LAKE WALES, FL 33898

Title: VP () Delete
Name: CLARK, EDWARD J
Address: 19 SILVER DOSCTOR
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: ADKINS, LLOYD
Address: 1 SILVERSIDES
City-St-Zip: LAKE WALES, FL 33898

Title: P () Delete
Name: GIECHE, MARY JANE
Address: 42 QUENN OF WATERS
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CLARK, DICK
Address: 19 WOODRUFF WAY
City-St-Zip: LAKE WALES, FL 33898

Title: VP (X) Change () Addition
Name: WRIGHT, CLYDE
Address: 11 BEAVERKILL
City-St-Zip: LAKE WALES, FL 33898

Title: P (X) Change () Addition
Name: HANNON, JIM
Address: 24 SILVER DOCTOR
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIM HANNON

Electronic Signature of Signing Officer or Director

P

04/04/2007

Date