


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90057 023 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04092008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1515157** Applied For  
 Not Applicable

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



**6. Name and Address of Current Registered Agent**

**MAGGARD, NATHALIE J  
 499 SADDLEBAG LAKE ROAD  
 LAKE WALES, FL 33898-7113**

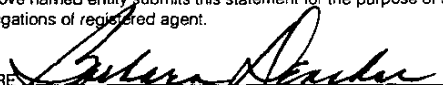
**7. Name and Address of New Registered Agent**

Name **BARBARA DENCKER**

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:  **BARBARA DENCKER** DATE: **4/9/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

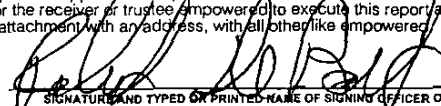
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALCH, BRUCE 9 SILVER DOCTOR LANE LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUND, DEE 93 SADDLEBAG TRL LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RANKIN, DAVID 95 SILVER SIDES LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, DICK 19 WOODRUFF WAY LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, CLYDE 11 BEAVERKILL LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANNON, JIM 24 SILVER DOCTOR LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT DEBOLT 38 QUEEN OF WATERS LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIANE WILLIAMSON 31 RED QUILL LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUDIE FARRER 24 SILVERSIDES LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICKY SAYERS 87 SADDLEBAG TRAIL LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ROBERT DEBOLT** DATE: **4/9/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR