

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724771

FILED
Apr 24, 2009
Secretary of State

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:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

499 SADDLEBAG LAKE ROAD
LAKE WALES, FL 338987113 US

New Mailing Address:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-1515157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENCKER, BARBARA
499 SADDLEBAG LAKE ROAD
LAKE WALES, FL 338987113 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

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: KIM JOHNSON, PRESIDENT

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEBOLT, ROBERT
Address: 38 QUEEN OF WATERS
City-St-Zip: LAKE WALES, FL 33898

Title: T () Delete
Name: WILLIAMSON, DIANE
Address: 31 RED QUILL
City-St-Zip: LAKE WALES, FL 33898

Title: S () Delete
Name: FARRER, JUDIE
Address: 24 SILVERSIDES
City-St-Zip: LAKE WALES, FL 33898

Title: VP () Delete
Name: SAYERS, VICKY
Address: 87 SADDLEBAG TRAIL
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEBOLT, ROBERT
Address: 38 QUEEN OF WATERS
City-St-Zip: LAKE WALES, FL 33898

Title: TD (X) Change () Addition
Name: BLAIR, ROBERT
Address: 77 SADDLEBAG TRAIL
City-St-Zip: LAKE WALES, FL 33898

Title: SD (X) Change () Addition
Name: FARRER, JUDIE
Address: 24 SILVERSIDES
City-St-Zip: LAKE WALES, FL 33898

Title: VPD (X) Change () Addition
Name: SAYERS, VICKY
Address: 87 SADDLEBAG TRAIL
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT DEBOLT

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date