

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002741

FILED
Apr 28, 2009
Secretary of State

Entity Name: SADDLEBAG CREEK RANCHES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 432
MYAKKA CITY, FL 34251

New Principal Place of Business:

30106 SADDLEBAG TRAIL
MYAKKA CITY, FL 34251

Current Mailing Address:

P.O. BOX 432
MYAKKA CITY, FL 34251

New Mailing Address:

FEI Number: 20-0671981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANG, DAVID
8207 HIGH OAKS TR
MYAKKA CITY, FL 34251 US

Name and Address of New Registered Agent:

APATI, RICHARD PD
30106 SADDLEBAG TRAIL
MYAKKA CITY, FL 34251 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: RICHARD APATI

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: APATI, RICHARD
Address: 30106 SADDLEBAG TR
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: EDWARDS, RONNIE
Address: 29809 SADDLEBAG TR
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: SIMON, DALE
Address: 29617 SADDLEBAG TR
City-St-Zip: MYAKKA CITY, FL 34251

Title: STD () Delete
Name: DOBBS, MICHAEL
Address: 30203 SADDLEBAG TR
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: LUCAS, ROBERT
Address: 29416 SADDLEBAG TR
City-St-Zip: MYAKKA CITY, FL 34251

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

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

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: RICHARD APATI

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date