

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000603 (9)
 1. Corporation Name
PEDALERS POND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 119 PEDALERS POND 4826 HWY 27 N LAKE WALES FL 33853	Mailing Address 119 PEDALERS POND 4826 HWY 27 N LAKE WALES FL 33853
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3. Date Incorporated or Qualified 02/03/1995	3a. Date of Last Report
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21. Principal Place of Business 21 20 N. ORANGE AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 20 NO. ORANGE AVE. Suite, Apt. #, etc.	4. FEI Number 59-3300037	Applied For Not Applicable
22. City & State 22 SUITE # 100 City & State	27. City & State 27 SUITE # 100 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip 23 32801	25. Country 25 USA	28. Zip 28 32801	29. Country 29 USA
24. Zip 24 32801	25. Country 25 USA	29. Zip 29 32801	30. Country 30 USA

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLLING, LEE J 20 N ORANGE AVE FIRST UNION BLDG. SUITE 700 ORLANDO FL 32801		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Numbers Not Acceptable) 300001731369		
83. City	ORLANDO FL 32801		
84. City	85. Zip Code	FL 32801	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	KNOTHE, CHARLES <input checked="" type="checkbox"/> DELETE	1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	146 PEDALERS POND 4826 HWY 27 N	1.2 NAME Carl Comeau	
STREET ADDRESS	LAKE WALES FL 33853	1.3 STREET ADDRESS 92 Pedaler's Pond 4826 Hwy 27N	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Lake Wales, Fl. 33853	
TITLE D	COMEAU, CARL <input checked="" type="checkbox"/> DELETE	2.1 TITLE Caren Aikey Vice Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	92 PEDALERS POND 4826 HWY 27 N	2.2 NAME 56 Pedaler's Pond 4826 Hwy 27 N	
STREET ADDRESS	LAKE WALES FL 33853	2.3 STREET ADDRESS Lake Wales, Fl. 33853	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D SECRETARY	SHAW, BEA <input type="checkbox"/> DELETE	3.1 TITLE VIOLET BUSHNELL, D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	119 PEDALERS POND 4826 HWY 27 N	3.2 NAME Lot 147 4826 HIGHWAY 27N	
STREET ADDRESS	LAKE WALES FL 33853	3.3 STREET ADDRESS LAKE WALES, FL. 33853	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D TREASURER	MARKO, RUTH <input type="checkbox"/> DELETE	4.1 TITLE GOLDIE ASBURY, D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	126 PEDALERS POND 4826 HWY 27 N	4.2 NAME LOT 11 4826 HIGHWAY 27N	
STREET ADDRESS	LAKE WALES FL 33853	4.3 STREET ADDRESS LAKE WALES, FL. 33853	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	SHAW, BILL <input checked="" type="checkbox"/> DELETE	5.1 TITLE LIZA WEISS, D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	119 PEDALERS POND 4826 HWY 27 N	5.2 NAME LOT 92 4826 HIGHWAY 27N	
STREET ADDRESS	LAKE WALES FL 33853	5.3 STREET ADDRESS LAKE WALES, FL. 33853	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth (Bea) Shaw* **Elizabeth (Bea) Shaw, Sec. 1/18/96 941-439-6909**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (12/95)