

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000603 (9)  
1. Corporation Name  
**PEDALERS POND HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
20 N ORANGE AVE SUITE 700 ORLANDO FL 32801

3. Date Incorporated or Qualified  
02/03/1995  
4. FEI Number  
59-3300037  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 500 N. MAITLAND AVE. 26 500 N. MAITLAND AVE.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 SUITE 203 27 SUITE 203  
City & State City & State  
23 MAITLAND FL 28 MAITLAND FL  
Zip Country Zip Country  
24 32751 25 USA 29 32751 30 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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 Number is Not Acceptable)  
500 N. MAITLAND AVE.  
83 SUITE 203  
84 City MAITLAND FL 85 Zip Code 32751

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	XX Director <input type="checkbox"/> DELETE	1.1 TITLE	Pres. Ann Knothe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMEAU, CARL	1.2 NAME	4826 Hwy 27 N Lot 146
STREET ADDRESS	92 PEDALERS POND	1.3 STREET ADDRESS	Lake Wales, Fl. 33853
CITY - ST - ZIP	LAKE WALES FL 33853	1.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	v.p. Rhonda Brotherton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIKEY, CAREN	2.2 NAME	4826 Hwy 27N Lot 189
STREET ADDRESS	56 PEDALERS POND 4826 HWY 27 N	2.3 STREET ADDRESS	Lake Wales, Fl. 33853
CITY - ST - ZIP	LAKE WALES FL 33853	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, BEA	3.2 NAME	
STREET ADDRESS	119 PEDALERS POND 4826 HWY 27 N	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL 33853	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKO, RUTH	4.2 NAME	
STREET ADDRESS	126 PEDALERS POND 4826 HWY 27 N	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL 33853	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, BILL	5.2 NAME	Carl Corneau
STREET ADDRESS	119 PEDALERS POND 4826 HWY 27 N	5.3 STREET ADDRESS	4826 Hwy 27 N Lot 92
CITY - ST - ZIP	LAKE WALES FL 33853	5.4 CITY - ST - ZIP	Lake Wales, Fl. 33853
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ann C. Knothe* ANN C. KNOTHE PRES 2-12-98 941-439-4816

CR2E037 (10/97)