

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90021 028 ****61.25

0014197

DOCUMENT # N95000000603

1. Corporation Name

PEDALERS POND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

500 N MAITLAND AVE
SUITE 203
MAITLAND FL 32751
US

Mailing Address

500 N MAITLAND AVE
SUITE 203
MAITLAND FL 32751
US

2. Principal Place of Business

21 **4826 Hwy 27N**

2a. Mailing Address

26 **4826 US Hwy 27 N**

3. Date Incorporated or Qualified

02/03/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lot 338

4. FEI Number

59-3300037

Applied For

Not Applicable

City & State

23 **Lake Wales FL**

City & State

28 **Lake Wales FL**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

Zip Country

24 **33853** 25 **USA**

Zip

29 **33853**

Country

30 **USA**

6. Election Campaign Financing

Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

COLLING, LEE J
500 N MAITLAND AVE
SUITE 203
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETENAME **KNOTHE, ANN**
STREET ADDRESS **4826 HWY 27 N LOT 146**
CITY-ST-ZIP **LAKE WALES FL 33853**TITLE **VP** ☐ DELETENAME **BROTHERTON, RHONDA**
STREET ADDRESS **4826 HWY 27 N LOT 189**
CITY-ST-ZIP **LAKE WALES FL 33853**TITLE **D** ☐ DELETENAME **SHAW, BEA**
STREET ADDRESS **119 PEDALERS POND 4826 HWY 27 N**
CITY-ST-ZIP **LAKE WALES FL 33853**TITLE **D** ☐ DELETENAME **MARKO, RUTH**
STREET ADDRESS **126 PEDALERS POND 4826 HWY 27 N**
CITY-ST-ZIP **LAKE WALES FL 33853**TITLE **D** ☐ DELETENAME **COMEAU, CARL**
STREET ADDRESS **4826 HWY 27 N LOT 92**
CITY-ST-ZIP **LAKE WALES FL 33853**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition1.2 NAME **Brotherton, Rhonda**
1.3 STREET ADDRESS **4826 US Hwy 27 N Lot 189**
1.4 CITY-ST-ZIP **Lake Wales, FL 33853**2.1 TITLE **VP** ☒ Change ☐ Addition2.2 NAME **Nead, Denice**
2.3 STREET ADDRESS **4826 US Hwy 27 N Lot 58**
2.4 CITY-ST-ZIP **Lake Wales, FL 33853**3.1 TITLE **T** ☒ Change ☐ Addition3.2 NAME **Jolicœur, Ruthie**
3.3 STREET ADDRESS **4826 US Hwy 27 N Lot 193**
3.4 CITY-ST-ZIP **Lake Wales, FL 33853**4.1 TITLE **D** ☒ Change ☐ Addition4.2 NAME **Sorba, Dennis**
4.3 STREET ADDRESS **4826 US Hwy 27 N Lot 181**
4.4 CITY-ST-ZIP **Lake Wales, FL 33853**5.1 TITLE **D** ☒ Change ☐ Addition5.2 NAME **Bailey, Clyde**
5.3 STREET ADDRESS **4826 US Hwy 27 N Lot 29**
5.4 CITY-ST-ZIP **Lake Wales, FL 33853**6.1 TITLE **D** ☒ Change ☐ Addition6.2 NAME **Krutz, Gerald**
6.3 STREET ADDRESS **4826 US Hwy 27 N Lot 27**
6.4 CITY-ST-ZIP **Lake Wales, Florida 33853**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-2-99

(941) 439-0839

Date

Daytime Phone #

CR2E037 (11/98)