

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000603

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90130 041 ****61.25

1. Entity Name

PEDALERS POND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4826 HWY 27 N
 LAKE WALES FL 33853
 US

Mailing Address

4826 US HWY 27 N
 LAKE WALES FL 33853-6895
 US

2. Principal Place of Business

4826 Hwy 27 N

Suite, Apt. #, etc.

City & State
LAKE WALES FL

Zip
33853

Country
USA

3. Mailing Address

4826 Hwy 27 N

Suite, Apt. #, etc.

LOT 10
 City & State
LAKE WALES FL

Zip
33853

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3300037

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BROTHERTON, RHONDA	
STREET ADDRESS	4826 US HWY 27 N LOT 189	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NEAD, DENIECE	
STREET ADDRESS	4826 US HWY- 27 N LOT 58	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOLICOEUR, RUTHIE	
STREET ADDRESS	4826 US HWY 27 N LOT 193	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORBA, DENNIS	
STREET ADDRESS	4826 US HWY 27 N LOT 193 181	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, CLYDE	
STREET ADDRESS	4826 US HWY 27 N LOT 181 29	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUTZ, GERALD	
STREET ADDRESS	4826 US HWY 27 N LOT 29 27	
CITY-ST-ZIP	LAKE WALES FL 33853	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnett, Jeanine	
STREET ADDRESS	4826 US Hwy 27 N Lot 126	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rhonda Brotherton* *2/1/00* *863-439-2852*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)