

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000603

1. Entity Name

PEDALERS POND HOMEOWNERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 23 PM 12:16

Principal Place of Business

Mailing Address

4826 HWY 27 N
LAKE WALES FL 33853
US

4826 US HWY 27 N
LAKE WALES FL 33853
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
04/14/01 90031 018 #6.25

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

7. Name and Address of New Registered Agent

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

Name
Galloway, Albert "Chuck"
Street Address (P.O. Box Number is Not Acceptable)
202 E. Stuart Ave.

City
Lake Wales FL Zip Code
33853

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: ALBERT C. GALLOWAY, JR. Registered Agent
Signature, typed or printed name of registered agent and title if applicable.

[Signature] 4-9-01
DATE

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" 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	BARNETT, JEANINE	
STREET ADDRESS	4826 US HWY 27N LOT 126	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	T	<input checked="" 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 27N LOT 181	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, CLYDE	
STREET ADDRESS	4828 US HWY 27 N LOT 29	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRUTZ, GERALD	
STREET ADDRESS	4826 US HWY 27N LOT 27	
CITY-ST-ZIP	LAKE WALES FL 33853	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sommers, Linda	
STREET ADDRESS	4826 US Hwy 27 N Lot 123	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Collier, Jr., Monroe	
STREET ADDRESS	4826 US Hwy 27 N Lot 83	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	Treas./sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Collier, Anita	
STREET ADDRESS	4826 US Hwy 27 N Lot 83	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nead, Deniece	
STREET ADDRESS	4826 US Hwy 27 N Lot 58	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kitchene, Bob	
STREET ADDRESS	4826 US Hwy 27 N Lot 155	
CITY-ST-ZIP	LAKE WALES, FL 33853	
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: Anita Collier Anita Collier 4/9/01 (863) 439-8074
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)