

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90004 018 ****70.00

DOCUMENT # N95000000603

1. Entity Name

PEDALERS POND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1960 PEDALER'S POND BLVD
 LAKE WALES FL 33859
 US

Mailing Address

4766 BREEZE DRIVE
 LAKE WALES FL 33859
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

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

GALLOWAY, ALBERT C JR
 202 E. STUART AVE
 LAKE WALES FL 33853

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE NAME | P/J JAMES, PEGGY | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1980 GALAXY DRIVE | |
| CITY-ST-ZIP | LAKE WALES FL 33859 | |
| TITLE NAME | S PHILLIPS, NAN | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 4640 SCHWIND DRIVE | |
| CITY-ST-ZIP | LAKE WALES FL 33859 | |
| TITLE NAME | T DANZIG, SANDRA | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 4766 BREEZER DRIVE | |
| CITY-ST-ZIP | LAKE WALES FL 33859 | |
| TITLE NAME | D POLLARD, SANDRA | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 4840 MALIBU DRIVE | |
| CITY-ST-ZIP | LAKE WALES FL 33859 | |
| TITLE NAME | D KING, DOUG | <input type="checkbox"/> Delete |
| STREET ADDRESS | 4806 BREEZER DRIVE | |
| CITY-ST-ZIP | LAKE WALES FL 33859 | |
| TITLE NAME | D COOPER, CHUCK | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 4891 MALIBU DRIVE | |
| CITY-ST-ZIP | LAKE WALES FL 33859 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE NAME | V/P/D Lynda Fryc | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 4794 BREEZER DR | |
| CITY-ST-ZIP | LAKE WALES, FL. 33859 | |
| TITLE NAME | S/D Ralph Pollard | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 4840 MALIBU DR | |
| CITY-ST-ZIP | LAKE WALES, FL. 33859 | |
| TITLE NAME | D Earl Wahl | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 1976 GALAXY DR. | |
| CITY-ST-ZIP | LAKE WALES, FL. 33859 | |
| TITLE NAME | D Robert Basworth | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 1946 PEDALERS POND BLVD. | |
| CITY-ST-ZIP | LAKE WALES, FL. 33859 | |
| TITLE NAME | D Paul Fryc | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 4794 BREEZER DR | |
| CITY-ST-ZIP | LAKE WALES, FL. 33859 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Ralph W. Pollard Jr.* **Ralph W. POLLARD JR.** *2-26-04* **2-26-04** *86343997* **86343997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #