

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90036 044 \*\*\*\*61.25



**DOCUMENT # N95000000603**  
 1. Entity Name  
**PEDALERS POND HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
**1950 PEDALER'S POND BLVD  
 LAKE WALES FL 33859  
 US**

Mailing Address  
**4766 BREEZE DRIVE  
 LAKE WALES FL 33859  
 US**



00004307

2. Principal Place of Business  
 Suite, Apt. #, etc.  
**4840 Malibu DR.**

3. Mailing Address  
**4840 Malibu DR**  
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State  
**Lake Wales, FL.**

City & State  
**Lake Wales, FL.**

Zip  
**33859**

Country  
**USA**

Zip  
**33859**

Country  
**FL.**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2005**

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 STREET ADDRESS CITY-ST-ZIP	VPD LYNAN, FRYE 4794 BREEZER DR. LAKE WALES FL 33859 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO POLLARD, RALPH 4840 MALIBU DR. LAKE WALES FL 33859 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALL, EARL 1976 GALAXY DR. LAKE WALES FL 33859 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSWORTH, ROBERT 1946 REDLAKES POND BLVD LAKE WALES FL 33859 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, DOUG 4806 BREEZER DRIVE LAKE WALES FL 33859 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRYE, PAUL 4794 BREEZER DR. LAKE WALES FL 33859 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BOSWORTH, ROBERT 1946 Pedalers Pond Blvd. LAKE WALES, 33859 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVE LORD 4707 BREEZER DR LAKE WALES, FL. 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Cathy Edwards 4868 Malibu DR LAKE WALES, FL. 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Donna Phenegeer 4700 Legend CT. LAKE WALES, FL. 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Mike Phenegeer 4700 Legend CT LAKE WALES, FL. 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Chuck Cooper 4891 Malibu DR LAKE WALES, FL. 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Pollard Jr* *Bob Pollard* **4-2-05** **8634399741**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #