


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000000603			
1. Entity Name PEDALERS POND HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4794 BREEZER DR LAKE WALES FL 33859 US		Mailing Address 4794 BREEZER DR LAKE WALES FL 33859 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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
4. FEI Number 59-3300037			
Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
1st MOORE CR2E037 (10/06)			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P LOUDEN, ELEANOR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4930 MALIBU DR	NAME	U00000632511
STREET ADDRESS	LAKE WALES FL 33859	STREET ADDRESS	02/21/07-60026-006 61.25
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	ST LAPANNE, SHEILA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4794 BREEZER DR	NAME	
STREET ADDRESS	LAKE WALES FL 33859	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	VP DIAZ, CATHY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4843 RALEIGH PASS	NAME	
STREET ADDRESS	LAKE WALES FL 33859	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	BOD POLLAND, RALPH	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4870 MALIBU DR	NAME	
STREET ADDRESS	LAKE WALES FL 33859	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	BOD HENDERSON, WENDY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4766 BREEZER DR	NAME	
STREET ADDRESS	LAKE WALES FL 33859	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	BOD BOOZER, GENA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4927 MALIBU DR	NAME	
STREET ADDRESS	LAKE WALES FL 33859	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Sheila Lapanne* / *Sheila Lapanne* 1/13/07