

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90203 048 ****61.25

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
4794 BREEZER DRIVE
LAKE WALES FL 33859
US

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
4766 BREEZE DRIVE



CHECK HERE IF MAKING CHANGES

City & State
LAKE WALES, 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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROTHERTON, RHONDA 4843 RALEIGH PASS LAKE WALES FL 33859 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, PEGGY 1980 GALAXY DRIVE LAKE WALES, FL. 33859 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES, PEGGY 1980 GALAXY DRIVE LAKE WALES FL 33859 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, NAN 4640 SCHWINN DRIVE LAKE WALES, FL 33859 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRYE, LYNDA 4794 BREEZER DRIVE LAKE WALES FL 33859 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANZIS, SANDRA 4766 BREEZER DRIVE LAKE WALES, FL 33859 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, CLYDE 4697 SCHWINN DRIVE LAKE WALES FL 33859 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLARD, RALPH 4840 MALIBU DRIVE LAKE WALES, FL 33859 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITCHENE, BOB 4680 LEGEND COURT LAKE WALES FL 33853 <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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORBA, DENNIS 4719 BREEZER DR. LAKE WALES FL 33853 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, CHUCK 4891 MALIBU DRIVE LAKE WALES, FL 33859 <input checked="" type="checkbox"/> Change <input 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: _____ DATE: 2-10-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)