

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24153 (1)
 1. Corporation Name
MOUNTAIN LAKE COMMUNITY SERVICE, INC.



Principal Place of Business MOUNTAIN LAKE 1 ALTERNATE 27 N. P.O. BOX 832 LAKE WALES FL 33859-0832	Mailing Address MOUNTAIN LAKE 1 ALTERNATE 27 N. P.O. BOX 832 LAKE WALES FL 33859-0832
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3. Date Incorporated or Qualified
12/30/1987

4. FEI Number
59-2868636

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business
 21 Suite, Apt. #, etc.

22 City & State
 23 Zip Country

24 Zip Country

25 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**HUNT, D. ANDREW
 225 E. PARK AVE.
 LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMESON, BETTY	1.2 NAME	
STREET ADDRESS	11 MOUNTAIN LAKE WALES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ANNE	2.2 NAME	
STREET ADDRESS	25 MOUNTAIN LAKE LAKE WALES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, EUGENE F.	3.2 NAME	Paul S. Pierson
STREET ADDRESS	14 MOUNTAIN LAKE LAKE WALES	3.3 STREET ADDRESS	103 Mountain Lake Lake Wales
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARTHENAJIS, MARIAMNE	4.2 NAME	Robert R. Krumm
STREET ADDRESS	90 MOUNTAIN LAKE LAKE WALES FL	4.3 STREET ADDRESS	48 Mountain Lake Lake Wales
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDEN, CAY	5.2 NAME	
STREET ADDRESS	117 MOUNTAIN LAKE LAKE WALES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAFF, KATHARENE	6.2 NAME	
STREET ADDRESS	19 MOUNTAIN LAKE LAKE WALES FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anne C. Brown* **ANNE BROWN** 2/11/98 941-676-1164

CR2E037 (10/97)