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FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001047 (7)

1. Corporation Name

MOUNTAIN LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6161 MOUNTAINLAKE DR  
LAKELAND FL 33813  
US

6161 MOUNTAIN LK DR  
LAKELAND FL 33813  
US



3. Date Incorporated or Qualified

02/26/1996

4. FEI Number

59-3002671

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

WROTEN, PAT  
6033 MOUNTAIN LAKE DRIVE  
LAKELAND FL 33813

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SCHMIDT, ROBERT J  
STREET ADDRESS 626 MOUNTAIN LAKE PLACE  
CITY-ST-ZIP LAKELAND FL 33813 ☒ DELETE

1.1 TITLE  
1.2 NAME PD  
1.3 STREET ADDRESS LEE WROTEN  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME PENIX, FARRELL  
STREET ADDRESS 6053 MOUNTAIN LAKE DRIVE  
CITY-ST-ZIP LAKELAND FL 33813 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME SCHMIDT, JUNE  
STREET ADDRESS 626 MOUNTAIN LAKE PLACE  
CITY-ST-ZIP LAKELAND FL 33813 ☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME JOLLY, SHIRLEY  
STREET ADDRESS 6161 MOUNTAIN LAKE DRIVE  
CITY-ST-ZIP LAKELAND FL 33813 ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME WROTEN, LEE  
STREET ADDRESS 6033 MOUNTAIN LAKE DR  
CITY-ST-ZIP LAKELAND FL ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME WROTEN, PAT  
STREET ADDRESS 6033 MOUNTAIN LAKE DR  
CITY-ST-ZIP LAKELAND FL ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Shirley S. Jolly

1-30-98

941-534-1575

CR2E037 (10/97)