2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N9600001047 Jul 18, 2000 8:00 am Secretary of State 1. Entity Name MOUNTAIN LAKE HOMEOWNERS ASSOCIATION, INC. 07-18-2000 90089 019 ****61.25 Principal Place of Business Mailing Address 6174 MOUNTAIN LAKE DR 6174 MOUNTAIN LAKE DR LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3002671 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WROTEN, PAT 6033 MOUNTAIN LAKE DRIVE LAKELAND FL 33813 City 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition ☐ Delete TITI F Change TITLE PENIX. FARRELL NAME NAME 6053 MOUNTAIN LAKE DRIVE STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete HAGEN, PEGGY NAME NAME 634 MOUNTAIN LAKE PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813-4625 CITY-ST-7IP PD Delete TITLE TITLE - Change - - Addition WROTEN, LEE NAME NAME 6033 MOUNTAIN LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WROTEN, PAT NAME 6033 MOUNTAIN LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP 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.

7/11/00

863 646 4953

Daytime Phone #