

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90674 045 \*\*\*\*61.25

**DOCUMENT # N96000001047**

1. Entity Name

**MOUNTAIN LAKE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**6174 MOUNTAIN LAKE DR  
LAKELAND FL 33813  
US**

Mailing Address

**6174 MOUNTAIN LAKE DR  
LAKELAND FL 33813  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3002671**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WROTEN, PAT  
6033 MOUNTAIN LAKE DRIVE  
LAKELAND FL 33813**

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.

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  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete  
NAME **PENIX, FARRELL**  
STREET ADDRESS **6053 MOUNTAIN LAKE DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33813**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☐ Delete  
NAME **HAGEN, PEGGY**  
STREET ADDRESS **634 MOUNTAIN LAKE PL**  
CITY-ST-ZIP **LAKELAND FL 33813-4625**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **WROTEN, LEE**  
STREET ADDRESS **6033 MOUNTAIN LAKE DR**  
CITY-ST-ZIP **LAKELAND FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☐ Delete  
NAME **WROTEN, PAT**  
STREET ADDRESS **6033 MOUNTAIN LAKE DR**  
CITY-ST-ZIP **LAKELAND FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:****PEGGY HAGEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/2002

863 646 4953

Date

Daytime Phone #

CR2E037 (9/01)