

FILE NOW: FILING FEE IS \$61.25

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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	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2868636	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	JAMESON, BETTY 11 MOUNTAIN LAKE WALES FL	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD	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	3.1 TITLE	<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	4.1 TITLE	<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	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	6.1 TITLE	<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)