

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24153

**FILED**  
**Feb 09, 2016**  
**Secretary of State**  
**CC9723579647**

**Entity Name:** MOUNTAIN LAKE COMMUNITY SERVICE, INC.

**Current Principal Place of Business:**

2300 N SCENIC HWY  
LAKEWALES, FL 33898

**Current Mailing Address:**

P.O. BOX 832  
LAKE WALES, FL 33859-0832

**FEI Number:** 59-2868636

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HUNT, D. ANDREW  
225 E. PARK AVE.  
LAKE WALES, FL 33853 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name BURNS, WILLIAM G  
Address 110 MOUNTAIN LAKE  
City-State-Zip: LAKE WALES FL 33898

Title D  
Name CASHEL, SALLY  
Address 55 MOUNTAIN LAKE  
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR, PRESIDENT  
Name SHORTLY, TARA  
Address P.O. BOX 832  
City-State-Zip: LAKE WALES FL 33859-0832

Title VP, DIRECTOR  
Name LEMP, JOAN  
Address PO BOX 832  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR, SECRETARY  
Name HOYT, NANCY  
Address PO BOX 832  
City-State-Zip: LAKE WALES FL 33859

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM G. BURNS**

**TREASURER**

**02/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date