

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24153

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

**Current Principal Place of Business:**

2300 N SCENIC HWY  
LAKE WALES, 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:**

KEYSER, VIRGINIA B  
2300 N SCENIC HWY  
LAKEWALES, FL 33898 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: VIRGINIA B KEYSER**

**02/05/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, TREASURER  
Name KEYSER, VIRGINIA B  
Address 2300 N SCENIC HWY  
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR  
Name TUCKER, GREYSON  
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

Title DIRECTOR  
Name DANA, MARGO  
Address PO BOX 832  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name LITTLETON, ANDREA  
Address PO BOX 832  
City-State-Zip: LAKE WALES FL 33859

Title PRESIDENT, DIRECTOR  
Name MALMGREN, CHRISTINE  
Address 2300 N SCENIC HWY  
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR  
Name MORIARTY, BARBARA  
Address PO BOX 832  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name ROSS, ANDREA  
Address PO BOX 832  
City-State-Zip: LAKE WALES FL 33859

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*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: VIRGINIA B KEYSER**

**TREASURER**

**02/05/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SWIFT, CLARE  
Address 2300 N SCENIC HWY  
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR  
Name ESTES, ALLISON  
Address 2300 N SCENIC HWY  
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR  
Name MCINTOSH, SUSAN  
Address 2300 N SCENIC HWY  
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR  
Name VANDERLAAN, B J  
Address 2300 N SCENIC HWY  
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR  
Name HAFFNER, LYNN  
Address 2300 N SCENIC HWY  
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR  
Name RUTLEDGE, KATE  
Address 2300 N SCENIC HWY  
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR  
Name HARRISON, MALO  
Address 2300 N SCENIC HWY  
City-State-Zip: LAKE WALES FL 33898