

2015 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
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 D
Name GOULD, STEPHANIE
Address 120 MOUNTAIN LAKE
City-State-Zip: LAKE WALES FL 33898

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

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

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

01/30/2015

Electronic Signature of Signing Officer/Director Detail

Date