

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24153

FILED
Feb 22, 2017
Secretary of State
CC8047853396

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 TREASURER
Name HERMAN, HOLLY E
Address 74 MOUNTAIN LAKE
City-State-Zip: LAKE WALES FL 33898

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

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

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

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

Title DIRECTOR
Name LITTLETON, RICHARD
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: HOLLY HERMAN

TREASURER

02/22/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

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

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

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