

2023 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

05/11/2023

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

Title PRESIDENT, DIRECTOR
Name HAFFNER, LYNN
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

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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/DIRECTOR

05/11/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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