

2021 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:**HERMAN, HOLLY
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:** HOLLY HERMAN

02/02/2021

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 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 SWIFT, ED
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, PRESIDENT
Name LITTLETON, ANDREA
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 BALDWIN, MO
Address PO BOX 832
City-State-Zip: LAKE WALES FL 33859

Continues on page 2

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

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

Title DIRECTOR
Name MALMGREN, CHRISTINE
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