

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