

2017 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	TREASURER
Name	HERMAN, HOLLY E
Address	74 MOUNTAIN LAKE
City-State-Zip:	LAKE WALES FL 33898

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

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

Title	VP, DIRECTOR
Name	LEMP, JOAN
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	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