

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001047

**Entity Name:** MOUNTAIN LAKE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6174 MOUNTAIN LAKE DR  
LAKELAND, FL 33813**Current Mailing Address:**6174 MOUNTAIN LAKE DR  
LAKELAND, FL 33813 US**FEI Number:** 59-3002671**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAYES, KAY  
6025 MOUNTAIN LAKE DR.  
LAKELAND, FL 33813 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:** KAY HAYES

01/28/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | BUSH, KOREY           |
| Address         | 6013 MOUNTAIN LAKE DR |
| City-State-Zip: | LAKELAND FL 33813     |

|                 |                       |
|-----------------|-----------------------|
| Title           | T                     |
| Name            | WROTEN, DEBRA         |
| Address         | 6065 MOUNTAIN LAKE DR |
| City-State-Zip: | LAKELAND FL 33813     |

|                 |                       |
|-----------------|-----------------------|
| Title           | P                     |
| Name            | HAYES, KAY            |
| Address         | 6025 MOUNTAIN LAKE DR |
| City-State-Zip: | LAKELAND FL 33813     |

|                 |                       |
|-----------------|-----------------------|
| Title           | S                     |
| Name            | REESE, LORI           |
| Address         | 6137 MOUNTAIN LAKE DR |
| City-State-Zip: | LAKELAND FL 33813     |

*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:** DEBRA WROTEN**TREASURER**

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date