


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N96000001047 (7)**  
 1. Corporation Name  
**MOUNTAIN LAKE HOMEOWNERS ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>6161 MOUNTAINLAKE DR<br/>LAKELAND FL 33813<br/>US</b> | Mailing Address<br><b>6161 MOUNTAIN LK DR<br/>LAKELAND FL 33813<br/>US</b> |
|---|--|

3. Date Incorporated or Qualified  
**02/26/1996**

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3002671</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**WROTEN, PAT  
 6033 MOUNTAIN LAKE DRIVE  
 LAKELAND FL 33813**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                         |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>SCHMIDT, ROBERT J<br>626 MOUNTAIN LAKE PLACE<br>LAKELAND FL 33813 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>PENIX, FARRELL<br>6053 MOUNTAIN LAKE DRIVE<br>LAKELAND FL 33813 <input type="checkbox"/> DELETE              | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>SCHMIDT, JUNE<br>626 MOUNTAIN LAKE PLACE<br>LAKELAND FL 33813 <input checked="" type="checkbox"/> DELETE     | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>JOLLY, SHIRLEY<br>6161 MOUNTAIN LAKE DRIVE<br>LAKELAND FL 33813 <input type="checkbox"/> DELETE              | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>WROTEN, LEE<br>6033 MOUNTAIN LAKE DR<br>LAKELAND FL <input type="checkbox"/> DELETE                          | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>WROTEN, PAT<br>6033 MOUNTAIN LAKE DR<br>LAKELAND FL <input type="checkbox"/> DELETE                          | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP |

PD  
LEE WROTEN

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley A. Jolly SHIRLEY S. JOLLY 1-30-98 941-534-1575

CR2E037 (10/97)