

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90108 011 \*\*\*\*70.00

**DOCUMENT # N96000001047**

1. Entity Name

**MOUNTAIN LAKE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**6174 MOUNTAIN LAKE DR.  
LAKELAND FL 33813  
US**

Mailing Address

**6174 MOUNTAIN LAKE DR  
LAKELAND FL 33813  
US**

**50028890**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3002671**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCARPA, MARIO  
6107 MOUNTAIN LAKE DRIVE  
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name **DOUGLAS ROLLINS**

Street Address (P.O. Box Number is Not Acceptable)

**6033 MOUNTAIN LAKE DR**

City **LAKELAND**

**FL**

Zip Code **33813**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/12/05**

**FILE NOW- FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **PENIX, FARRELL**  
STREET ADDRESS **6053 MOUNTAIN LAKE DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **T** ☒ Delete  
NAME **HAGEN, PEGGY**  
STREET ADDRESS **634 MOUNTAIN LAKE PL**  
CITY-ST-ZIP **LAKELAND FL 33813-4625**

TITLE **P** ☒ Delete  
NAME **SCARPA, MARIO**  
STREET ADDRESS **6107 MOUNTAIN LAKE DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **S** ☒ Delete  
NAME **STEVENS, DORIS**  
STREET ADDRESS **618 MOUNTAIN LAKE PLACE**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DOUGLAS ROLLINS** ☒ Change ☐ Addition  
NAME **DOUGLAS ROLLINS**  
STREET ADDRESS **6033 MOUNTAIN LAKE DR**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **ROBERT HARTLEY** ☒ Change ☐ Addition  
NAME **ROBERT HARTLEY**  
STREET ADDRESS **6019 MOUNTAIN LAKE DR**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **LORI REESE** ☒ Change ☐ Addition  
NAME **LORI REESE**  
STREET ADDRESS **6137 MOUNTAIN LAKE DR**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**DOUGLAS ROLLINS, TREASURER**

**3/12/05**

**863-967-4374**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #