


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001047
1. Entity Name
MOUNTAIN LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
6174 MOUNTAIN LAKE DR 6174 MOUNTAIN LAKE DR
LAKELAND, FL 33813 US LAKELAND, FL 33813 US



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3002671 Not Applicable

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

6. Name and Address of Current Registered Agent

ROLLINS, DOUGLAS
6033 MOUNTAIN LAKE DR.
LAKELAND, FL 33813

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IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PENIX, FARRELL
STREET ADDRESS	6053 MOUNTAIN LAKE DRIVE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	T
NAME	ROLLINS, DOUGLAS
STREET ADDRESS	6033 MOUNTAIN LAKE DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	P
NAME	HARTLEY, ROBERT
STREET ADDRESS	6019 MOUNTAIN LAKE DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	S
NAME	REESE, LORI
STREET ADDRESS	6137 MOUNTAIN LAKE DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400000385136
01/18/06-80004-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06 (863) 967-4374
Date Daytime Phone #