


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000001047</b> 1. Entity Name <b>MOUNTAIN LAKE HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>6174 MOUNTAIN LAKE DR LAKELAND FL 33813 US</b>	Mailing Address <b>6174 MOUNTAIN LAKE DR LAKELAND FL 33813 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-3002671</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>ROLLINS, DOUGLAS 6033 MOUNTAIN LAKE DR. LAKELAND FL 33813</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is not used when resigning)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to:</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WROTEN, ALLEN 6054 MOUNTAIN LAKE DR LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000812043 02/12/08-80031-003 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROLLINS, DOUGLAS 6033 MOUNTAIN LAKE DR LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REESE, LORI 6137 MOUNTAIN LAKE DR LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, ANN 6053 MOUNTAIN LAKE DR LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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, and in other like empowered.

SIGNATURE:  4/29/08 863-967-4574