08121999-90006-028-$61.25-$61.25

AMOUNT DUE ON OR BEFORE 05/1/2000: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500.00)

FILED
Aug 12, 1999 8:00 am
Secretary of State
08-12-1999 90006 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718894

604883 - 90006 - 28

1. Corporation Name
KING MOUNTAIN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1991 SW PALM CITY RD STUART FL 34994 US	1991 SW PALM CITY RD STUART FL 34994 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/23/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1359952 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FREY, Phyllis ~~DOLLAR, PHYLLIS~~ 1991 SW PALM CITY RD STUART FL 34994	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 Phyllis D. Frey DATE 8-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	DAVIS, ROBERT		1.2 NAME	Frank Smith	
STREET ADDRESS	1999 SW PALM CITY RD		1.3 STREET ADDRESS	1991 SW Palm City Road	
CITY-ST-ZIP	STUART, FL 00000		1.4 CITY-ST-ZIP	Stuart FL 34994	
TITLE	VP	☑ DELETE	2.1 TITLE	Phyllis Frey- Secretary	☐ Change ☑ Addition
NAME	T		2.2 NAME	1991 SW. Palm City Road	
STREET ADDRESS	1991 S.W. PALM CITY RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	Stuart FL 34994	
TITLE	D	☑ DELETE	3.1 TITLE	Director	☐ Change ☑ Addition
NAME	SLATTERY, DANA		3.2 NAME	Walter DiMarco	
STREET ADDRESS	1991 S.W. PALM CITY RD.		3.3 STREET ADDRESS	1991 SW. Palm City Road	
CITY-ST-ZIP	STUART, FL 00000		3.4 CITY-ST-ZIP	Stuart FL 34994	
TITLE	VP	☐ DELETE	4.1 TITLE	Director	☐ Change ☑ Addition
NAME	SMITH, FRANKLIN	change	4.2 NAME	Jacqueline Roberson	
STREET ADDRESS	1991 SW PALM CITY RD		4.3 STREET ADDRESS	1991 SW Palm City Road	
CITY-ST-ZIP	STUART, FL 00000		4.4 CITY-ST-ZIP	Ft Pierce FL 34994	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, RAYMOND G		5.2 NAME		
STREET ADDRESS	1991 SW PALM CITY RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	Vice President	☑ Change ☐ Addition
NAME	MUNSLOW, DANIEL		6.2 NAME	Munslow, Daniel	
STREET ADDRESS	1991 S.W. PALM CITY RD		6.3 STREET ADDRESS	1991 SW Palm City Road	
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP	Stuart FL 34994	

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 561-283-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #