

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

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90049 046 ****61.25

DOCUMENT # 718894 1. Entity Name KING MOUNTAIN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1991 SW PALM CITY RD STUART FL 34994 US			Mailing Address 1991 SW PALM CITY RD STUART FL 34994 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1359952	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREY, PHYLLIS 1991 SW PALM CITY RD STUART FL 34994				7. Name and Address of New Registered Agent Name LOCKER, JUANITA Street Address (P.O. Box Number is Not Acceptable) 1917 S.W. PALM CITY RD City STUART FL 34994	
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 <u><i>Juanita Locker, President Board of Directors</i></u> 07/18/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing) DATE					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, GEORGE 1991 SW PALM CITY ROAD STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUANITA LOCKER 1917 SW PALM CITY RD STUART, FL. 34994	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, MARYLEE 1991 S.W. PALM CITY RD STUART FL 34994	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENSEL, JAMES 1991 SW PALM CITY RD STUART, FL 34994	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PENDLETON, HERBERT 1991 SW PALM CITY ROAD STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMPTON, ELIZABETH 1991 SW PALM CITY RD STUART, FL 34994	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRYE, PHYLLIS 1991 SW PALM CITY ROAD STUART FL 34994	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL, ROBERT 1991 SW PALM CITY RD STUART, FL 34994	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGLIARDI, JOHN 1991 SW PALM CITY ROAD STUART FL 34994	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRETSCHMER, INGRID 1991 SW PALM CITY RD STUART, FL 34994	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENSEL, JAMES 1991 SW PALM CITY RD. STUART FL 34994	☒ Delete	TITLE 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: <u><i>Juanita Locker</i></u> - JUANITA LOCKER				772 7-18-05 219-1153	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	