2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

DOCUMENT # 718894

1. Entity Name

Principal Place of Business

KING MOUNTAIN CONDOMINIUM ASSOCIATION, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91040 040 ****61.25

1991 SW PALM CITY R STUART FL 34994 US	D	1991 SW PALM CITY RD STUART FL 34994 US					 			. 		
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			,	CHECK HERE IF MAKING CHANGES						
City & State		City & State	í	•	4. FEI Number 59-1359952				pplied For ot Applicable			
Zip	Country	Zip	intry	5. Certificate of Status Desired					\$8.75 Additional Fee Required			
6. N	ame and Address of Current I	gistered Agent				7. Name and Address of New Registered Agent						
					Name							
FREY, PHYLLIS 1991 SW PALM	CITY RD	may an in the major of the second		Street Address (P.O. Box Number is Not Acceptable)								
STUART FL 3499												
			City	, FL					L Zip Coo	de		
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												
FILE	9, Election Cam Trust Fund C	ontributi	-	Ц	\$5.00 May Added to Fee	s	Florida	a Depa	ck Payable	State		
10.	OFFICERS AND DIR		11.		A	DDITIONS/CI	HANGES	O O C E	S AND L	DIRECTORS IF		
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE

D

GHGLIHRDI, JOHN

STUART FL 34994

1991 SW PALM CITY ROAD

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Delete

Change

☐ Addition