

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718894

Entity Name: KING MOUNTAIN CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1991 SW PALM CITY RD
STUART, FL 34994**Current Mailing Address:**1991 SW PALM CITY RD
STUART, FL 34994 US**FEI Number:** 59-1359952**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MALPIEDI, CHRISTOPHER
1991 SW PALM CITY RD
STUART, FL 34994 US*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.***SIGNATURE:** CHRISTOPHER MALPIEDI

03/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name BROUSE, KATHLEEN
Address 1991 SW PALM CITY ROAD
City-State-Zip: STUART FL 34994

Title TREASURER
Name DE NEILL, LORRAINE
Address 1991 SW PALM CITY RD
City-State-Zip: STUART FL 34994

Title PRESIDENT
Name MECOZZI, ROBERT
Address 1991 SW PALM CITY RD
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name LONGO, RONALD
Address 1991 SW PALM CITY RD
City-State-Zip: STUART FL 34994

Title VICE-PRESIDENT
Name MELLARD, KATHLEEN
Address 1991 SW PALM CITY RD
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name TIETJEN, WALTER
Address 1991 SW PALM CITY RD
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name QUINN, ROBERT
Address 1991 SW PALM CITY RD
City-State-Zip: STUART FL 34994

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT MECOZZI

PRESIDENT

03/09/2017

Electronic Signature of Signing Officer/Director Detail

Date