

2021 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

03/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BROUSE, VICTOR
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 FERRETTI, EUGENE C
Address 1991 SW PALM CITY RD
City-State-Zip: STUART FL 34994

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

Title VICE-PRESIDENT, VP
Name ANDREWS, THOMAS
Address 1991 SW PALM CITY RD
City-State-Zip: STUART FL 34994

Title SECRETARY
Name MC INTYRE, DIANE
Address 1991 SW PALM CITY RD
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name CABANSKI, PAMELA
Address 1991 SW PALM CITY ROAD
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: EUGENE FERRETTI

PRESIDENT

03/09/2021

Electronic Signature of Signing Officer/Director Detail

Date