

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718894

Entity Name: KING MOUNTAIN CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

C/O WATSON ASSOCIATION MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD.
PORT ST LUCIE, FL 34952

Current Mailing Address:

C/O WATSON ASSOCIATION MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD.
PORT ST LUCIE, FL 34952 US

FEI Number: 59-1359952**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

WATSON ASSOCIATION MANAGEMENT, LLC
C/O WATSON ASSOCIATION MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD.
PORT ST LUCIE, FL 34952 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: MICHELLE A FIGUEROA

04/17/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STAGNITTA, SABRINA
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD.
City-State-Zip: PORT ST LUCIE FL 34952

Title SECRETARY
Name SMITH, KIM
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD.
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name GERMOND, RICHARD
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD.
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name KJOS, PAUL
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD.
City-State-Zip: PORT ST LUCIE FL 34952

Title VP
Name BENNIE, BRENDA
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD.
City-State-Zip: PORT ST LUCIE FL 34952

Title TREASURER
Name MAMO, EILEEN
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD.
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name CORNETT, JOSEPH
Address C/O WATSON ASSOCIATION
 MANAGEMENT, LLC
 1648 SE PORT ST LUCIE BLVD.
City-State-Zip: PORT ST LUCIE FL 34952

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: SABRINA STAGNITTA

PRESIDENT

04/17/2025

