

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L93936

**Entity Name:** SETTLER'S MOUNTAIN, INC.

**Current Principal Place of Business:**

5319 NW RUGBY DRIVE  
C/O FELL  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

PO BOX 880337  
C/O FELL  
PORT ST. LUCIE, FL 34988

**FEI Number:** 65-0235935

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FELL, KAREN K  
5319 NW RUGBY DR  
PORT ST. LUCIE, FL 34983 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D, P  
Name KRAFT, KEVIN A  
Address 5288 SW ORCHID BAY DR  
City-State-Zip: PALM CITY FL 34990

Title D,ST  
Name FELL, KAREN K  
Address 5319 NW RUGBY DR  
City-State-Zip: PORT ST LUCIE FL 34983

Title DIRECTOR  
Name KRAFT, KURT J  
Address 5370 SLASH PINES TRAIL  
City-State-Zip: FORT PIERCE FL 34951

Title DIRECTOR  
Name MILLER, KATHERINE KRAFT  
Address 4407 REDWOOD DR  
City-State-Zip: FORT PIERCE FL 34951

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN KRAFT FELL

**SEC/TREAS**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date