


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 722981 (8)

1. Corporation Name
CONQUISTADOR CONDOMINIUM V ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business 1800 S.E.ST.LUCIE BOULEVARD CLUBHOUSE STUART FL 34996 | Mailing Address 1800 S.E.ST.LUCIE BOULEVARD CLUBHOUSE STUART FL 34996 |
|--|--|

3. Date Incorporated or Qualified
03/23/1972

4. FEI Number
59-1470214

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

ANDERSON, BILL J.
1800 SE ST LUCIE BLVD
STUART FL 34996

10. Name and Address of New Registered Agent

| | |
|---|-----------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | ASHBY, G.H. | |
| STREET ADDRESS | 1800 SE ST LUCIE BLVD | |
| CITY-ST-ZIP | STUART, FL 00000 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | LILLJA, WILLIAM | |
| STREET ADDRESS | 1800 SE ST LUCIE BLVD | |
| CITY-ST-ZIP | STUART, FL 00000 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | SMITH, NATHAN | |
| STREET ADDRESS | 1800 SE ST LUCIE BLVD | |
| CITY-ST-ZIP | STUART, FL 00000 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | KERRIGAN, WILLIAM | |
| STREET ADDRESS | 1800 S.E. ST. LUCIE BLVD. | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KERRIGAN, WILLIAM | |
| STREET ADDRESS | 1800 SE ST. LUCIE BLVD | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | VD |
| 4.3 STREET ADDRESS | Evans, Charles |
| 4.4 CITY-ST-ZIP | 1800 SE St. Lucie Blvd. Stuart, FL 34996 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **REQUIRED** 4/14/98 283-2363

CR2E037 (10/97)