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Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90230 042 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722981**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/23/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1470214
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Country 29	
	Zip 30	

9. Name and Address of Current Registered Agent

ANDERSON, BILL J.  
1800 SE ST LUCE 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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ASHBY, G.H.	
STREET ADDRESS	1800 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LILLJA, WILLIAM	
STREET ADDRESS	1800 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, NATHAN	
STREET ADDRESS	1800 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EVANS, CHARLES	
STREET ADDRESS	1800 S.E. ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART FL 34996	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Crumley, Sandra	
1.3 STREET ADDRESS	1800 SE St. Lucie Blvd.	
1.4 CITY-ST-ZIP	Stuart, FL 34996	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wild, William	
2.3 STREET ADDRESS	1800 SE St. Lucie Blvd.	
2.4 CITY-ST-ZIP	Stuart, FL 34996	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Evans, Charles	
4.3 STREET ADDRESS	1800 SE St. Lucie Blvd.	
4.4 CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED 3/8/99 Date (561) 283-2363 Daytime Phone #

CR2E037 (11/98)