

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morzham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 17 PM 4: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 725016 (0)

1. Corporation Name

CONQUISTADOR CONDOMINIUM X ASSOC. INC.

Principal Place of Business

Mailing Address

1800 S.E. ST. LUCIE BLVD.  
STUART FL 34996

1800 S.E. ST. LUCIE BLVD.  
STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/13/1972

3a. Date of Last Report  
03/29/1994

4. FEI Number  
59-1545836

Applied For  
Not Applicable

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. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACCO, LOUIS  
1800 SE ST LUCIE BLVD  
STUART FL 34996

81 Name  
Anderson, Bill J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1800 S. E. St. Lucie Blvd.  
83  
84 City  
Stuart, FL 85 Zip Code  
34996

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Bill Anderson* BILL J. ANDERSON 4/11/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	STECK, RICHARD
STREET ADDRESS	1800 SE ST LUCIE BLVD
CITY - ST - ZIP	STUART, FL 00000
TITLE	TD
NAME	JOHNSON, VERNON
STREET ADDRESS	1800 SE ST LUCIE BLVD
CITY - ST - ZIP	STUART, FL 00000
TITLE	SD
NAME	KANE, AUDREY
STREET ADDRESS	1800 SE ST LUCIE BLVD
CITY - ST - ZIP	STUART, FL 00000
TITLE	D
NAME	KLEIN, MICHAEL
STREET ADDRESS	1800 SE ST LUCIE BLVD
CITY - ST - ZIP	STUART, FL 00000
TITLE	PD
NAME	WELSHEIMER, WILLIAM
STREET ADDRESS	1800 SE ST LUCIE BLVD
CITY - ST - ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY - ST - ZIP		
2 1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	Balow, Russell	
2 3 STREET ADDRESS	1800 S. E. St. Lucie Blvd.	
2 4 CITY - ST - ZIP	Stuart, FL 34996	
3 1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	Morris, James	
4 3 STREET ADDRESS	1800 S. E. St. Lucie Blvd.	
4 4 CITY - ST - ZIP	Stuart, FL 34996	
5 1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	Drinkuth, Anne	
5 3 STREET ADDRESS	1800 S. E. St. Lucie Blvd.	
5 4 CITY - ST - ZIP	Stuart, FL 34996	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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: *Audrey J. Kane* 4/11/95 (407) 289-2363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)