

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725016 (0)
1. Corporation Name
CONQUISTADOR CONDOMINIUM X ASSOC. INC.



Principal Place of Business 1800 S.E. ST. LUCIE BLVD. STUART FL 34996	Mailing Address 1800 S.E. ST. LUCIE BLVD. STUART FL 34996
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/13/1972	3a. Date of Last Report 03/19/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1545836	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANDERSON, BILL J 1800 SE ST LUCIE BLVD STUART FL 34996		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STECK, RICHARD	1.2 NAME	Voorhes, William
STREET ADDRESS	1800 SE ST LUCIE BLVD	1.3 STREET ADDRESS	1800 SE St. Lucie Blvd.
CITY-ST-ZIP	STUART, FL 00000	1.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALOW, RUSSELL	2.2 NAME	Jone, Floretta
STREET ADDRESS	1800 SE ST LUCIE BLVD	2.3 STREET ADDRESS	1800 SE St. Lucie Blvd.
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANE, AUDREY	3.2 NAME	Canha, Robert
STREET ADDRESS	1800 SE ST LUCIE BLVD	3.3 STREET ADDRESS	1800 SE St. Lucie Blvd.
CITY-ST-ZIP	STUART, FL 00000	3.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, JAMES	4.2 NAME	Lagesse, Barbara
STREET ADDRESS	1800 S E ST LUCIE BLVD	4.3 STREET ADDRESS	1800 SE St. Lucie Blvd.
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRINKUTH, ANNE	5.2 NAME	
STREET ADDRESS	1800 S E ST LUCIE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **5/1/97** Date (561) 283-2363 Daytime Phone # 0000000

CP2E037 (9/96)