

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
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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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3. Date Incorporated or Qualified 12/13/1972		
4. FEI Number 59-1545836	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOORHES, WILLIAM	1.2 NAME	
STREET ADDRESS	1800 SE ST LUCIE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONE, FLORETTA	2.2 NAME	Madden, Robert
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	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANHA, ROBERT	3.2 NAME	
STREET ADDRESS	1800 SE ST LUCIE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAGESSE, BARBARA	4.2 NAME	Masi, Amedeo
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 checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRINKUTH, ANNE	5.2 NAME	Cox, Laura
STREET ADDRESS	1800 S E ST LUCIE BLVD	5.3 STREET ADDRESS	1800 SE St. Lucie Blvd.
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Stuart, FL 34996
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 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: *William Voorhes* **4-14-98** **283-2363**

CR2E037 (10/97)