

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90102 031 ****61.25

DOCUMENT # 725016

1. Entity 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 34996-4298

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1545836

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **FREDERICK, LESLEY A.**

Street Address (P.O. Box Number is Not Acceptable)

1800 SE ST LUCIE BLVD

City **STUART**

FL Zip Code **34996**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Lesley A. Frederick, OFFICE MGR.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/29/00
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **MCCARTNEY, WANDA**
 STREET ADDRESS **1800 SE ST LUCIE BLVD**
 CITY-ST-ZIP **STUART FL 34996**

Change Addition
 TITLE **VD**
 NAME **STECK, RICHARD**
 STREET ADDRESS **1800 SE ST LUCIE BLVD**
 CITY-ST-ZIP **STUART, FL. 34996**

TITLE **VD** Delete
 NAME **MADDEN, ROBERT**
 STREET ADDRESS **1800 SE ST LUCIE BLVD**
 CITY-ST-ZIP **STUART FL 34996**

Change Addition
 TITLE **VD**
 NAME **STECK, RICHARD**
 STREET ADDRESS **1800 SE ST LUCIE BLVD**
 CITY-ST-ZIP **STUART, FL. 34996**

TITLE **TD** Delete
 NAME **CANHA, ROBERT**
 STREET ADDRESS **1800 SE ST LUCIE BLVD**
 CITY-ST-ZIP **STUART, FL 00000**

Change Addition
 TITLE **TD**
 NAME **CANHA, ROBERT**
 STREET ADDRESS **1800 SE ST LUCIE BLVD**
 CITY-ST-ZIP **STUART, FL 00000**

TITLE **PD** Delete
 NAME **MASI, AMEDEO**
 STREET ADDRESS **1800 S E ST LUCIE BLVD**
 CITY-ST-ZIP **STUART FL 34996**

Change Addition
 TITLE **PD**
 NAME **CAHALIN, ROBERT**
 STREET ADDRESS **1800 SE ST LUCIE BLVD**
 CITY-ST-ZIP **STUART, FL. 34996**

TITLE **SD** Delete
 NAME **COX, LAURA**
 STREET ADDRESS **1800 S E ST LUCIE BLVD**
 CITY-ST-ZIP **STUART FL 34996**

Change Addition
 TITLE **SD**
 NAME **COX, LAURA**
 STREET ADDRESS **1800 S E ST LUCIE BLVD**
 CITY-ST-ZIP **STUART FL 34996**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Cahalin
ROBERT CAHALIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2000
 Date

Date

(561)283-2363
 Daytime Phone #

Daytime Phone #

CR2E037 (9/99)