
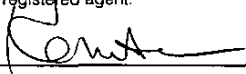
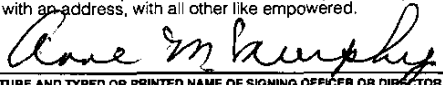


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 725016 1. Entity Name CONQUISTADOR CONDOMINIUM X ASSOC. INC.			FILED 05 SEP 23 PM 3:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 1800 S.E. ST. LUCIE BLVD. STUART, FL 34996		Mailing Address 1800 S.E. ST. LUCIE BLVD. STUART, FL 34996	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-1545836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREDERICK, LESLEYA 1800 SE ST LUCIE BLVD STUART, FL 34996		7. Name and Address of New Registered Agent Name Camille Fidel Street Address (P.O. Box Number is Not Acceptable) 1800 SE ST LUCIE STUART FL 34996 City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 9/16/05	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEILSON, MARGARET 1800 SE ST LUCIE BLVD STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Amedeo Masci 1800 SE ST. LUCIE STUART FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, KAY 1800 SE ST LUCIE BLVD STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ann Murphy 1800 SE ST LUCIE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARY, BLANCHE 1800 SE ST LUCIE BLVD STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400059877364 09/23/05--01007--014 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STECKER, CLARAN 1800 S E ST LUCIE BLVD STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, ANNE 1800 SE ST LUCIE BLVD STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 9/19/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	