


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90022 039 ****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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1545836	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIDEL, CAMILLE 1800 SE ST LUCIE BLVD STUART, FL 34996			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAHALIN, ROBERT		NAME		
STREET ADDRESS	1800 SE ST LUCIE BLVD 10-202		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAVES, MAXINE		NAME	MASI, AMEDEO	
STREET ADDRESS	1800 SE ST LUCIE BLVD 10-207		STREET ADDRESS	1800 SE ST LUCIE BLVD # 10 - 105	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	STUART, FL 34996	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Old VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, ANN		NAME		
STREET ADDRESS	1800 SE ST LUCIE BLVD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, LAURA		NAME	STECKER, CLARA	
STREET ADDRESS	1800 SE ST LUCIE BLVD 10-204		STREET ADDRESS	1800 SE ST LUCIE BLVD # 10 - 203	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Delete	TITLE	1st VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASI, AMEDEO		NAME		
STREET ADDRESS	1800 SE ST LUCIE BLVD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Robert Cahalin</i> ROBERT C. CAHALIN			3/6/07		720-4620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #