

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91090 001 \*\*\*\*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

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FREDERICK, LESLEY A  
1800 SE ST LUCIE BLVD  
STUART FL 34996**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VD	NEILSON, MARGARET	1800 SE ST LUCIE BLVD	STUART FL 34996	<input type="checkbox"/>
VD	BLANCH, GARY	1800 SE ST LUCIE BLVD	STUART FL 34996	<input type="checkbox"/>
TD	MADDEN, DIANA	1800 SE ST LUCIE BLVD	STUART FL 34996	<input checked="" type="checkbox"/>
PD	CAHALIN, ROBERT	1800 S E ST LUCIE BLVD	STUART FL 34996	<input type="checkbox"/>
SD	COX, LAURA	1800 S E ST LUCIE BLVD	STUART FL 34996	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Pres.	Kay Williams	1800 SE St. Lucie Blvd	Stuart, FL 34996	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R.P.	Robert Cahalin	1800 SE St. Lucie Blvd	Stuart, FL 34996	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Maggie Neilsen	1800 SE St. Lucie Blvd	Stuart, FL 34996	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Catherine Williams* Catherine Williams 3/17/03 773-283-2363

CR2E037 (10/02)