

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 754061 (0)**  
1. Corporation Name  
**THE CONQUISTADOR CONDOMINIUM APARTMENTS OF ST. AUGUSTINE SHORES, INC.**



Principal Place of Business: **17 CASTANIA CT. ST. AUGUSTINE FL 32086**  
Mailing Address: **17 CASTANIA CT. ST. AUGUSTINE FL 32086**

3. Date Incorporated or Qualified: **09/19/1980**  
3a. Date of Last Report: **04/20/1995**  
4. FEI Number: **59-2471192**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
City & State: **27**  
City & State: **28**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **WHITLEY, MARIA M 17 CASTANIA COURT ST. AUGUSTINE FL 32086**  
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	SD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHENEMAN, JAMES	1.2 NAME	SHENEMAN, JAMES
STREET ADDRESS	25 TARRAGONA CT	1.3 STREET ADDRESS	25 TARRAGONA CT
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE, CHARLES J	2.2 NAME	DONAHUE, CHARLES J
STREET ADDRESS	28 SANTIAGO CT	2.3 STREET ADDRESS	28 SANTIAGO CT
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATHROP, MARY	3.2 NAME	LATHROP, MARY
STREET ADDRESS	40 ALCIRA COURT	3.3 STREET ADDRESS	40 ALCIRA CT ST. AUGUSTINE, FL
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAOLILLO, DIANE	4.2 NAME	CANTRELL, RONALD
STREET ADDRESS	34 ALEDO CT	4.3 STREET ADDRESS	24 TALAVERA CT
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLES, MARIAN	5.2 NAME	STAPLES, MARIAN
STREET ADDRESS	33 VERONES COURT	5.3 STREET ADDRESS	33 VERONESE CT
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGUIRE, JOHN	6.2 NAME	
STREET ADDRESS	49 SHORES BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ Date: **7/15/96** Daytime Phone #: **(904) 797-4166**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)