

FILE NOW: FILING FEE IS \$61.25

FILED

**May 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754061 (0)

1. Corporation Name
THE CONQUISTADOR CONDOMINIUM APARTMENTS OF ST. A UGUSTINE SHORES, INC.

Principal Place of Business 17 CASTANIA CT. ST. AUGUSTINE FL 32086	Mailing Address 17 CASTANIA CT. ST. AUGUSTINE FL 32086
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3. Date Incorporated or Qualified
09/19/1980

4. FEI Number 59-2471192	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
condo Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STAPLES, MARIAN		1.2 NAME STAPLES, MARIAN	
STREET ADDRESS 33 VERONESE COURT		1.3 STREET ADDRESS 33 VERONESE COURT	
CITY-ST-ZIP ST. AUGUSTINE FL		1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GERNAND, ROBERT		2.2 NAME	
STREET ADDRESS 19 TARRAGONA COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE FL		2.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	3.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARKE, MURPHY		3.2 NAME MURPHY, CLARKE	
STREET ADDRESS 28 NAVARRA COURT		3.3 STREET ADDRESS 28 NAVARRA COURT	
CITY-ST-ZIP ST. AUGUSTINE FL		3.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PORTALE, DELORES		4.2 NAME	
STREET ADDRESS 605 FELIX COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE FL		4.4 CITY-ST-ZIP	
TITLE RD	<input type="checkbox"/> DELETE	5.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEBB, JUDY		5.2 NAME WEBB, JUDY	
STREET ADDRESS 44 VERONESE COURT		5.3 STREET ADDRESS 44 VERONESE COURT	
CITY-ST-ZIP ST. AUGUSTINE FL		5.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Judy Webb **(904) 797-4166**

CF2E037 (10/97)