


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 754061</b> 1. Entity Name <b>THE CONQUISTADOR CONDOMINIUM APARTMENTS OF ST. AUGUSTINE SHORES, INC.</b>	
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Principal Place of Business <b>17 CASTANIA CT. ST. AUGUSTINE FL 32086</b>	Mailing Address <b>17 CASTANIA CT. ST. AUGUSTINE FL 32086</b>
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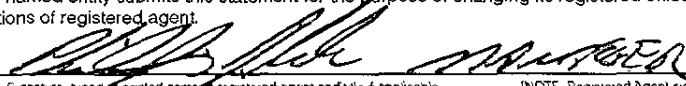
2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE      CR2E037 (10/04)

4. FEI Number <b>59-2471192</b>	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>COLE, PHILLIP J 17 CASTANIA CT. ST. AUGUSTINE FL 32086</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 **4/14/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005.</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE	P FERRERA, DONENIC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	17 ALEDO COURT	NAME	U00000316664
STREET ADDRESS	SAINT AUGUSTINE FL 32086	STREET ADDRESS	04/19/05-80083-013 61.25
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	TD GERONIMO, ROGER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	33 ALCIRA COURT	NAME	
STREET ADDRESS	SAINT AUGUSTINE FL 32086	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	2VP BELL, KAY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	20 ALEDO COURT	NAME	
STREET ADDRESS	SAINT AUGUSTINE FL 32086	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	1VP BURTON, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	30 TALAVERA COURT	NAME	
STREET ADDRESS	SAINT AUGUSTINE FL 32086	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	SD COLLOMB, EILEEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	21 NAVARRA COURT	NAME	
STREET ADDRESS	SAINT AUGUSTINE FL 32086	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 exemption stated in Section 19.07(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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE **4/19/05** TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR