


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 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
		Country

1st MOORE      CR2E037 (10/05)

4. FEI Number      **59-2471192**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COLE, PHILLIP J  
17 CASTANIA CT.  
ST. AUGUSTINE FL 32086**

**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  
Due By May 1, 2006**

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				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		UD0000403943	
STREET ADDRESS		SAINT AUGUSTINE FL 32086		STREET ADDRESS		02/06/06-80027-017 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 exemptions contained in Section 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:**       1-18-06      797-2248