

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 722981 (8)

1. Corporation Name
CONQUISTADOR CONDOMINIUM V ASSOCIATION, INC.

Principal Place of Business 1800 S.E. ST. LUCIE BOULEVARD CLUBHOUSE STUART FL 34996	Mailing Address 1800 S.E. ST. LUCIE BOULEVARD CLUBHOUSE STUART FL 34996
---	---



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

3. Date Incorporated or Qualified 03/23/1972	3a. Date of Last Report 03/19/1996
4. FEI Number 59-1470214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ANDERSON, BILL J.
1800 SE ST LUCE BLVD
STUART FL 34996**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ASHBY, G.H.	
STREET ADDRESS	1800 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LILLJA, WILLIAM	
STREET ADDRESS	1800 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SMITH, NATHAN	
STREET ADDRESS	1800 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KERRIGAN, WILLIAM	
STREET ADDRESS	1800 S.E. ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DELUCE, RUSSELL	
STREET ADDRESS	1800 SE ST. LUCIE BLVD	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kerrigan, William	
1.3 STREET ADDRESS	1800 SE St. Lucie Blvd.	
1.4 CITY-ST-ZIP	Stuart, FL 34996	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ashby, G.H.	
2.3 STREET ADDRESS	1800 SE St. Lucie Blvd.	
2.4 CITY-ST-ZIP	Stuart, FL 34996	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 in an attachment with an address.

SIGNATURE: _____ DATE: 5/1/97 (561)283-2363

SIGNATURE AND TYPED OR PRINTED NAME OF CLERKING OFFICER OR DIRECTOR _____ DAYTIME PHONE # 0000011

CR2E037 (9/96)