

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725014

1. Entity Name

CONQUISTADOR CONDOMINIUM VII ASSOC. INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90066 002 ****61.25

Principal Place of Business 1800 S.E.ST. LUCIE BOULEVARD STUART FL 34996	Mailing Address 1800 S.E.ST. LUCIE BOULEVARD STUART FL 34996-4296
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-1545835	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, BILL J
1800 SE ST LUCIE BLVD
STUART FL 34996

7. Name and Address of New Registered Agent

Name: **FREDERICK, LESLEY A.**
Street Address (P.O. Box Number is Not Acceptable):
1800 SE ST LUCIE BLVD
City: **STUART,** FL Zip Code: **34996**

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.

SIGNATURE: *Lesley A. Frederick* OFFICE MGR. 3/29/00
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--------------------------------	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCLAY, ROBERT 1800 SE ST LUCIE BLVD STUART FL 34996	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARCLAY, ROBERT 1800 SE ST LUCIE BLVD STUART, FL. 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCORMICK, THEODORE 1800 SE ST LUCIE BLVD STUART FL 34996	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, EVERETT 1800 SE ST LUCIE BLVD STUART, FL. 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FABIANO, FRANCES 1800 SE ST LUCIE BLVD STUART FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEENAN, BEATRICE 1800 SE ST LUCIE BLVD STUART, FL 00000	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINCH, MARY P. 1800 SE ST LUCIE BLVD STUART, FL. 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKS, EVERETT 1800 SE ST LUCIE BLVD STUART FL 34996	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORSTER, DAVID 1800 SE ST LUCIE BLVD STUART, FL. 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Lesley A. Frederick* 3/14/00 (561)283-2363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #