

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754061

**FILED**  
**Feb 24, 2014**  
**Secretary of State**  
**CC2557405156**

**Entity Name:** THE CONQUISTADOR CONDOMINIUM APARTMENTS OF ST. AUGUSTINE SHORES, INC.

**Current Principal Place of Business:**

17 CASTANIA CT.  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

17 CASTANIA CT.  
ST. AUGUSTINE, FL 32086

**FEI Number: 59-2471192**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COBB, CHRISTOPHER M ESQUIRE  
701 RIVERSIDE PARK PLACE SUITE 302  
JACKSONVILLE, FL 32204 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           BURTON, ROBERT E  
Address        2595 WOODFERN LANE  
City-State-Zip: JACKSONVILLE FL 32223

Title           TREASURER  
Name           AMELL, ROBERT  
Address        27 TALAVERA CT.  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title           VP  
Name           SMITH, TONY  
Address        36 ALEDO CT.  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title           SECRETARY  
Name           KASCHUB, MARY  
Address        43 NAVARRA CT.  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title           PRESIDENT  
Name           DUNCAN, JEREMY  
Address        49 ANDALUSIA CT.  
City-State-Zip: SAINT AUGUSTINE FL 32086

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JEREMY DUNCAN**

**PRESIDENT**

**02/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date