


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90038 021 ****61.25

DOCUMENT # 720515

1. Entity Name
CONQUISTADOR CONDOMINIUM 1 ASSOCIATION INC.



Principal Place of Business
**1800 SOUTHEAST ST. LUCIE BLVD CLUBHOUSE
 STUART, FL 34996**

Mailing Address
**1800 SOUTHEAST ST. LUCIE BLVD CLUBHOUSE
 STUART, FL 34996**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01172006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1459835

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FIDEI, CAMILLE
1800 SE ST LUCIE BLVD
STUART, FL 34996

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  DATE **1/31/06**

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

Filing 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

TITLE	P	<input type="checkbox"/> Delete
NAME	LYNCH, LILLIAN	
STREET ADDRESS	1800 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	T	<input type="checkbox"/> Delete
NAME	KEATING, HERB	
STREET ADDRESS	1800 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETERSON, HELEN	
STREET ADDRESS	1800 SE ST. LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KUSTERER, GRACE	
STREET ADDRESS	1800 SE ST. LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S VAN KIRK, Betty	
STREET ADDRESS	1800 SE ST. LUCIE BLVD # 1-305	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP JONES, JOHN	
STREET ADDRESS	1800 SE ST LUCIE BLVD # 1-204	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE: _____ DAYTIME PHONE #: **772-283-2363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR