


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90020 018 \*\*\*\*61.25

<b>DOCUMENT # 720515</b>					
1. Entity Name <b>CONQUISTADOR CONDOMINIUM 1 ASSOCIATION INC.</b>					
Principal Place of Business <b>1800 SOUTHEAST ST. LUCIE BLVD CLUBHOUSE STUART, FL 34996</b>			Mailing Address <b>1800 SOUTHEAST ST. LUCIE BLVD CLUBHOUSE STUART, FL 34996</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1459835</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIDEI, CAMILLE 1800 SE ST LUCIE BLVD STUART, FL 34996			Name <b>Lesley A. Frederick</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 SE ST LUCIE BLVD</b> City <b>STUART</b> FL Zip Code <b>34996</b>		
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 <b>Lesley A. Frederick</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>1/29/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNCH, LILLIAN 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 KEATING, HERB 1800 SE ST LUCIE BLVD STUART, FL	<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	2VPD PETERSON, HELEN 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	SD VAN KIRK, BETTY 1800 SE ST LUCIE BLVD 1-305 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	1VPD JONES, JOHN 1800 SE ST LUCIE BLVD 1-204 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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>DIALKOWSKI, MARILEE</b> <b>1800 SE ST. LUCIE BLVD # 1-103</b> <b>STUART, FL 34996</b>		
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: <b>Lillian Lynch</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>1/29/08</b> <small>Daytime Phone #</small>		

