

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 17 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721366 (3)
1. Corporation Name
CONQUISTADOR CONDOMINIUM 11 ASSOCIATION, INC.

Principal Place of Business Mailing Address
1800 SE ST. LUCIE BLVD 1800 SE ST. LUCIE BLVD
CLUBHOUSE CLUBHOUSE
STUART FL 34996 STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/19/1971 3a. Date of Last Report 04/01/1994
4. FEI Number 59-1470216 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACCO, LOUIS
1800 SE ST LUCIE BLVD
STUART FL 34996

81 Name Anderson, Bill J.
82 Street Address (P.O. Box Number is Not Acceptable) 1800 S. E. St. Lucie Blvd.
83
84 City Stuart, FL 85 Zip Code 34996

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Bill J. Anderson BILL J. ANDERSON 4/11/95
(NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME LEE, DONALD
STREET ADDRESS 1800 SE ST LUCIE BLVD
CITY - ST - ZIP STUART, FL 00000

TITLE PD
NAME SUYDAM, JOHN
STREET ADDRESS 1800 SE ST LUCIE BLVD
CITY - ST - ZIP STUART, FL 00000

TITLE SD
NAME JOBES, RUTH
STREET ADDRESS 1800 SE ST LUCIE BLVD
CITY - ST - ZIP STUART, FL 00000

TITLE TD
NAME SAVARESE, MARILYN E.
STREET ADDRESS 1800 SE ST LUCIE BLVD
CITY - ST - ZIP STUART, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE VD ☒ Change ☐ Addition
22 NAME Brennan, Edward
23 STREET ADDRESS 1800 S. E. St. Lucie Blvd.
24 CITY - ST - ZIP Stuart, FL 34996

31 TITLE SD ☒ Change ☐ Addition
32 NAME Ruppel, Mary
33 STREET ADDRESS 1800 S. E. St. Lucie Blvd.
34 CITY - ST - ZIP Stuart, FL 34996

41 TITLE TD ☒ Change ☐ Addition
42 NAME Jones, Clayton
43 STREET ADDRESS 1800 S. E. St. Lucie Blvd.
44 CITY - ST - ZIP Stuart, FL 34996

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information reflected 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 recorder 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 on an attachment with an address.

SIGNATURE: Donald L. Lee DONALD L. LEE 4/11/95 (407) 383-2363
(NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE Daytime Phone #