

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



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

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

3. Date Incorporated or Qualified
07/19/1971

3a. Date of Last Report
04/17/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1470216	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ANDERSON, BILL J
1800 S E ST LUCIE BLVD
STUART FL 34996**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME LEE, DONALD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1800 SE ST LUCIE BLVD		
CITY-ST-ZIP STUART, FL 00000		
TITLE VD	NAME BRENNAN, EDWARD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1800 S E ST LUCIE BLVD		
CITY-ST-ZIP STUART FL		
TITLE SD	NAME RUPPEL, MARY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1800 S E ST LUCIE BLVD		
CITY-ST-ZIP STUART FL		
TITLE TD	NAME CLAYTON, JONES	<input type="checkbox"/> DELETE
STREET ADDRESS 1800 S E ST LUCIE BLVD		
CITY-ST-ZIP STUART FL		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME MacKinnon, Alan	
1.3 STREET ADDRESS 1800 SE St. Lucie Blvd.	
1.4 CITY-ST-ZIP Stuart, FL 34996	
2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Lewis, Catherine	
2.3 STREET ADDRESS 1800 S. E. St. Lucie Blvd.	
2.4 CITY-ST-ZIP Stuart, FL 34996	
3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Michaels, Marilynn	
3.3 STREET ADDRESS 1800 SE St. Lucie Blvd.	
3.4 CITY-ST-ZIP Stuart, FL 34996	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 receiver 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: *Alan H. MacKinnon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 **(407) 283-2363**
Date Daytime Phone #

CR2E037 (12/95)