


FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 721366 (3)</b> 1. Corporation Name <b>CONQUISTADOR CONDOMINIUM 11 ASSOCIATION, INC.</b>					
Principal Place of Business			Mailing Address		
1800 SE ST. LUCIE BLVD CLUBHOUSE STUART FL 34996			1800 SE ST. LUCIE BLVD CLUBHOUSE STUART FL 34996-4298		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/19/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	
22		27		03/18/1996	
City & State		City & State		4. FEI Number	
23		28		59-1470216	
Zip		Country		5. Certificate of Status Desired	
24		25		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		27		6. Election Campaign Financing	
27		28		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> No	
28		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ANDERSON, BILL J 1800 S E ST LUCIE BLVD STUART FL 34996			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	MCKINNON, ALAN				
STREET ADDRESS	1800 SE ST. LUCIE BLVD				
CITY-ST-ZIP	STUART, FL 00000				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	LEWIS, CATHERINE				
STREET ADDRESS	1800 S.E. ST. LUCIE BLVD				
CITY-ST-ZIP	STUART FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	MICHAELS, MARILYNN				
STREET ADDRESS	1800 SE ST. LUCIE BLVD				
CITY-ST-ZIP	STUART FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	CLAYTON, JONES				
STREET ADDRESS	1800 S E ST LUCIE BLVD				
CITY-ST-ZIP	STUART FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME		Vice President			
2.3 STREET ADDRESS		Ruppel, Harry D.			
2.4 CITY-ST-ZIP		1800 SE St. Lucie Blvd. Stuart, FL 34996			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____					
5/1/97 (561) 283-2363					

CP2E037 (9/96)