

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721366

1. Corporation Name

CONQUISTADOR CONDOMINIUM 11 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1800 SE ST. LUCIE BLVD
CLUBHOUSE
STUART FL 34996

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CLUBHOUSE
STUART FL 34996

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90230 033 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/19/1971

22 City & State

27 City & State

4. FEI Number

Applied For
Not Applicable

59-1470216

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

25

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MCKINNON, ALAN
STREET ADDRESS 1800 SE ST. LUCIE BLVD
CITY-ST-ZIP STUART, FL 00000

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME MacKinnon, Alan
1.3 STREET ADDRESS 1800 SE St. Lucie Blvd.
1.4 CITY-ST-ZIP Stuart, FL 34996

TITLE VP ☐ DELETE
NAME JOBES, RUTH
STREET ADDRESS 1800 S.E. ST. LUCIE BLVD
CITY-ST-ZIP STUART FL 34996

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME EAST, MARILYNN
STREET ADDRESS 1800 SE ST. LUCIE BLVD
CITY-ST-ZIP STUART FL 34996

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME SAVARESE, MARILYN
STREET ADDRESS 1800 S E ST LUCIE BLVD
CITY-ST-ZIP STUART FL 34996

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Alan MacKinnon
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 (561)283-2363

Date

Daytime Phone #

0075625

CR2E037 (11/98)