

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721366

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1470216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREDERICK, LESLEY
1800 S E ST LUCIE BLVD
STUART FL 34996

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Marilynn East* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90029 019 ****61.25

908882



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)