



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 721366 1. Entity Name CONQUISTADOR CONDOMINIUM 11 ASSOCIATION, INC.						FILED 05 SEP 23 PM 4:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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		 09132005 Chg-NP CR2E037 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 59-1470216				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FREDERICK, LESLEY 1800 SE ST LUCIE BLVD STUART, FL 34996 <i>Camille Fidei</i> <i>1800 SE ST LUCIE BLVD</i> <i>STUART FL</i> <i>34996</i>				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> 9/16/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by October 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EAST, MARILYNN 1800 SE ST. LUCIE BLVD STUART, FL 34996 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ivar Opgard 1800 SE ST. LUCIE BLVD. STUART FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCMILLAN, DAVID 1800 SE ST. LUCIE BLVD STUART, FL 34996 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600059877186 09/23/05--01007--011 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPPER, JOSEPH 1800 SE ST LUCIE BLVD STUART, FL 34996 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARDINER, GENE 1800 SE ST LUCIE BLVD STUART, FL 34996 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>David J. McMillan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>9-19-05</i> <small>Daytime Phone #</small>			