

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 722253</b> 1. Entity Name <b>CONQUISTADOR CONDOMINIUM III ASSOCIATION, INC.</b>					
Principal Place of Business <b>1800 SE ST LUCIE BLVD, CLUBHOUSE STUART, FL 34996</b>				Mailing Address <b>1800 SE ST LUCIE BLVD, CLUBHOUSE STUART, FL 34996</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: right; font-weight: bold;">05 SEP 23 PM 3:14</div> <div style="text-align: right; font-weight: bold; font-size: 0.8em;">SECRET TALLAHASSEE, FLORIDA</div> <div style="text-align: center; margin-top: 10px;"> </div> <div style="text-align: right; font-weight: bold; font-size: 0.8em;">09132005 Chg-NP CR2E037 (10/03)</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">             4. FEI Number  <b>59-1470215</b> </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">             Applied For  <input type="checkbox"/> Not Applicable           </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">             5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> </div>	
6. Name and Address of Current Registered Agent <b>FREDERICK, LESLEYA</b> <b>1800 S.E. ST. LUCIE BLVD.</b> <b>STUART, FL 34996</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">Zip Code</div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <div style="font-size: 1.5em; font-weight: bold;">9/16/05</div>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by October 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MABARAK, RAYMOND		NAME	<b>Doris Botcher</b>	
STREET ADDRESS	1800 SE ST LUCIE BLVD		STREET ADDRESS	<b>1800 SE ST. LUCIE BLVD</b>	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARPENTER, CAROLYN		NAME	<b>700059877337</b>	
STREET ADDRESS	1800 SE ST. LUCIE BLVD.		STREET ADDRESS	<b>09/23/05--01007--013 **\$61.25</b>	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, JEAN		NAME		
STREET ADDRESS	1800 S.E. ST. LUCIE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETT, MARGARET		NAME		
STREET ADDRESS	1800 S.E. ST. LUCIE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROCHE, GARY		NAME		
STREET ADDRESS	1800 SE ST LUCIE BLVD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="text-align: right; font-size: 1.5em; font-weight: bold;">9/19/05</div> <small>Date</small>	
				<small>Daytime Phone #</small>	