
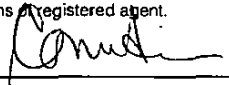

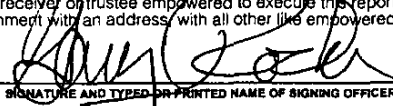


FILED

Feb 16, 2006 8:00 am  
Secretary of State

02-16-2006 90038 022 \*\*\*\*61.25

**2006 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FIDEI, CAMILLE 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MABARAK, RAYMOND		NAME		
STREET ADDRESS	1800 SE ST LUCIE BLVD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, CAROLYN		NAME	CORDNER, CAROLYNNE	
STREET ADDRESS	1800 SE ST. LUCIE BLVD.		STREET ADDRESS	1800 SE ST LUCIE BLVD # 3-202	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	STUART, FL 34996	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
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 type="checkbox"/> Delete	TITLE		
NAME	BOTTCHEER, DORIS		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		
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 exemptions contained in Chapter 119, 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:  DATE: 1/21/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					