2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722253

FILED Jan 06, 2009 Secretary of State

Entity Name: CONQUISTADOR CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1800 SE ST LUCIE BLVD, CLUBHOUSE STUART, FL 34996 **Current Mailing Address: New Mailing Address:** 1800 SE ST LUCIE BLVD, CLUBHOUSE STUART, FL 34996 FEI Number: 59-1470215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FREDERICK, LESLEY 1800 S.E. ST. LUCIE BLVD. STUART, FL 34996 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PD3 () Delete () Change () Addition MABARAK, RAYMOND Name: Name: 1800 SE ST LUCIE BLVD Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: 2VP () Delete Title: (X) Change () Addition CORDNER, CAROLYNNE Name: CORDNER, CAROLYNNE Name: Address: 1800 SE ST LUCIE BLVD 3-202 Address: 1800 SE ST LUCIE BLVD 3-202 City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996 Title: STD () Delete Title: (X) Change () Addition BOTTCHER, DORIS BOTTCHER, DORIS Name: Name: 1800 S.E. ST. LUCIE BLVD. 1800 S.E. ST. LUCIE BLVD. Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996 Title: 1VP () Delete Title: 2VP (X) Change () Addition Name: ROCHE, GARY Name: ROCHE, GARY 1800 SE ST LUCIE BLVD 1800 SE ST LUCIE BLVD Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996 Title: () Delete Title: () Change (X) Addition BEESE, THERESA Name: Name: 1800 SE ST LUCIE BLVD Address: Address: City-St-Zip: City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND MABARAK PD 01/06/2009