FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 10:32
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 722981 (8)

1. Corporation Name

CONQUISTADOR CONDOMINIUM V ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1800 S.E.ST.LUCIE BOULEVARD CLUBHOUSE STUART FL 34996	1800 S.E.ST.LUCIE BOULEVARD CLUBHOUSE STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1972
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-1470214 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SACCO, LOUIS 1800 SE ST LUCE BLVD STUART FL 34996	81 Name: Anderson, Bill J. 82 Street Address (P.O. Box Number is Not Acceptable): 1800 S. E. St. Lucie Blvd. 83 84 City: Stuart FL 85 Zip Code: 34996

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

✓ SIGNATURE: [signature] BILL J. ANDERSON 4/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ASHBY, G.H.	1.2 NAME		
STREET ADDRESS	1800 SE ST LUCIE BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	GROEBE, LEWIS	2.2 NAME	Delete	
STREET ADDRESS	1800 SE ST LUCIE BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	V	☒ Change ☐ Addition
NAME	LILLJA, WILLIAM	3.2 NAME		
STREET ADDRESS	1800 SE ST LUCIE BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, NATHAN	4.2 NAME		
STREET ADDRESS	1800 SE ST LUCIE BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☒ Change ☐ Addition
NAME	SNYDER, L.P.	5.2 NAME	Delete	
STREET ADDRESS	1800 SE ST LUCIE BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Kerrigan, William	
STREET ADDRESS		6.3 STREET ADDRESS	1800 S. E. St. Lucie Blvd.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Stuart, FL 34996	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] NATHAN A. SMITH 4-13-95 (407) 283-2365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #