2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 17 PM 5:08

DOCUMENT # 722981

1. Entity 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

09132005 Chg-NP CR2E037 (10/03)

REINSTATEMENT 05

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1470214 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FREDERICK, LESLEY A ~~Camille Fidei~~
1800 SE ST LUCE BLVD ~~1800 SE St. Lucie~~
STUART, FL 34996 ~~Stuart FL 34996~~

7. Name and Address of New Registered Agent

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 _____ 9/16/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by October 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD TULLNERS, SANDY 1800 SE ST LUCIE BLVD STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Marion Pfeiffer 1800 SE St. Lucie Stuart FL 34996 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP SCLAFANI, PAUL 1800 SE ST LUCIE BLVD STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100060629871 10/14/05--01062--002 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD CONKLING, ANNE RAE 1800 SE ST LUCIE BLVD STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MACKEY, ALICE 1800 SE ST LUCIE BLVD STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100060629871 11/17/05--01044--008 **175.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARLSON, MARGARET 1800 SE ST LUCIE BLVD STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Alice Mackey 9/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #