

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722981

FILED
Jan 06, 2009
Secretary of State

Entity Name: CONQUISTADOR CONDOMINIUM V ASSOCIATION, INC.

Current Principal Place of Business:

1800 S.E.ST.LUCIE BOULEVARD
CLUBHOUSE
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

1800 S.E.ST.LUCIE BOULEVARD
CLUBHOUSE
STUART, FL 34996

New Mailing Address:

FEI Number: 59-1470214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREDERICK, LESLEY
1800 SE ST LUCE BLVD
STUART, FL 34996 US

Name and Address of New Registered Agent:

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:

Title: 2VP () Delete
Name: EIKENBERRY, JOHN
Address: 1800 SE ST LUCIE BLVD 5-303
City-St-Zip: STUART, FL 34996

Title: PD () Delete
Name: SCHILLING, DIANE
Address: 1800 SE ST LUCIE BLVD 5-306
City-St-Zip: STUART, FL 34996

Title: 1VP () Delete
Name: CONKLING, ANNE RAE
Address: 1800 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34996

Title: TD () Delete
Name: MACKEY, ALICE
Address: 1800 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34996

Title: SD () Delete
Name: GERMAIN, DORIS
Address: 1800 SE ST LUCIE BLVD #5-203
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 2VPT (X) Change () Addition
Name: EIKENBERRY, JOHN
Address: 1800 SE ST LUCIE BLVD 5-303
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VPS (X) Change () Addition
Name: CONKLING, ANNE RAE
Address: 1800 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34996

Title: D (X) Change () Addition
Name: MACKEY, ALICE
Address: 1800 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34996

Title: D (X) Change () Addition
Name: HARRELL, MARY
Address: 1800 SE ST LUCIE BLVD
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: DIANE SCHILLING

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date