

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 17 PM 5:10

REINSTATEMENT 05



09132005 Chg-NP CR2E037 (10/03)

DOCUMENT # 724025			
1. Entity Name CONQUISTADOR CONDOMINIUM IV ASSOCIATION, INC.			
Principal Place of Business 1800 SOUTHEAST ST. LUCIE BOULEVARD CLUBHOUSE STUART, FL 34996		Mailing Address 1800 SOUTHEAST ST. LUCIE BOULEVARD CLUBHOUSE STUART, FL 34996	
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	
FREDERICK, LESLEY A 1800 SE ST. LUCIE BLVD STUART, FL 34996 <i>Camille Pidei</i> 1800 SE ST. LUCIE 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 <i>[Signature]</i>		DATE <i>9/16/05</i>	
Filing Fee is \$61.25 Due by October 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME ROBINSON, RONALD STREET ADDRESS 1800 SE ST LUCIE BLVD CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME NAME 600060629906 STREET ADDRESS 10/14/05--01062--003 CITY-ST-ZIP **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME NICHOLS, LEONARD STREET ADDRESS 1800 SE ST. LUCIE BLVD. CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME NAME 600060629906 STREET ADDRESS 11/17/05--01044--009 CITY-ST-ZIP **\$175.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME CASSIO, JOSEPH STREET ADDRESS 1800 SE ST LUCIE BLVD CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME MURRAY, THOMAS STREET ADDRESS 1800 SE ST. LUCIE BLVD. CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME PARKER, CONNIE STREET ADDRESS 1800 SE ST LUCIE BLVD CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Ronald E. Robinson</i>		DATE <i>9/16/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	