


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State


03-21-2007 90046 012 ****61.25

DOCUMENT # 724025 1. Entity Name CONQUISTADOR CONDOMINIUM IV ASSOCIATION, INC.	
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Principal Place of Business 1800 SOUTHEAST ST. LUCIE BOULEVARD CLUBHOUSE STUART, FL 34996	Mailing Address 1800 SOUTHEAST ST. LUCIE BOULEVARD CLUBHOUSE STUART, FL 34996
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

60026753



02082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1470306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FIDEI, CAMILLE 1800 SE ST. LUCIE BLVD 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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAJEK, PATRICIA 1800 SE ST. LUCIE BLVD #4-208 STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, LEONARD 1800 SE ST. LUCIE BLVD. STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete CASSIO, JOSEPH 1800 SE ST LUCIE BLVD STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAJEK, Richard 1800 SE ST LUCIE BLVD. # 4-208 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete MURRAY, THOMAS 1800 SE ST. LUCIE BLVD. STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete PARKER, CONNIE 1800 SE ST LUCIE BLVD STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition POE, Richard 1800 SE ST LUCIE BLVD # 4-102 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 exemptions contained 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 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: Leonard F. Nichols **LEONARD F. NICHOLS** 3/7/07 772-283-1459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #