



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 725014 1. Entity Name CONQUISTADOR CONDOMINIUM VII ASSOC. INC.						FILED 05 SEP 23 PM 4: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1800 S.E. ST. LUCIE BOULEVARD STUART, FL 34996				Mailing Address 1800 S.E. ST. LUCIE BOULEVARD STUART, FL 34996			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 09132005 Chg-NP CR2E037 (10/03)			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-1545835				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FREDERICK, LESLEY A 1800 SE ST LUCIE BLVD STUART, FL 34996 <i>Camille Fidei</i> <i>1800 SE ST Lucie</i> <i>STUART FL 34996</i>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>				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> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARCLAY, ROBERT 1800 SE ST LUCIE BLVD STUART, FL 34996 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Phyllis Kovacs 1800 SE St. Lucie Blvd Stuart FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, EVERETT 1800 SE ST LUCIE BLVD STUART, FL 34996 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John Gairo 1800 SE St. Lucie Blvd Stuart FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERT, CANHA 1800 SE ST LUCIE BLVD STUART, FL 34996 <input checked="" type="checkbox"/> Delete			400059877284 09/23/05--01007--012 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOBOCINSKI, ROBERT 1800 SE ST LUCIE BLVD STUART, FL 34996 <input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANCES, FABIANO 1800 SE ST LUCIE BLVD STUART, FL 34996 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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>Frances Fabiano</i>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <i>9-16-05</i>		Daytime Phone #	