


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90022 044 ****61.25

DOCUMENT # 725014					
1. Entity Name CONQUISTADOR CONDOMINIUM VII ASSOC. INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1545835	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIDEI, CAMILLE 1800 SE ST LUCIE BLVD STUART, FL 34996			Name <u>LESLIE FREDERICK</u> Street Address (P.O. Box Number is Not Acceptable) <u>1800 SE ST. LUCIE BLVD</u> City <u>STUART</u> FL <u>34996</u>		
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 <u>Lesley A. Frederick</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1/29/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	TD STEGEMILLER, GEORGE <input type="checkbox"/> Delete 1800 SE ST. LUCIE BLVD. #7-207 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>IVPD</u> <u>O'HANLEY, JOHN</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>1800 SE ST. LUCIE BLVD #7-307</u> <u>STUART, FL 34996</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete BROOKS, EVERETT 1800 SE ST LUCIE BLVD STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>PD</u> <u>KEENAN, DANIEL</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>1800 SE ST. LUCIE BLVD #7-104</u> <u>STUART, FL 34996</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD <input type="checkbox"/> Delete KOVACS, PHYLLIS 1800 SE ST LUCIE BLVD STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD <input checked="" type="checkbox"/> Delete BARCLAY, ROBERT 1800 SE ST. LUCIE BLVD. 7-106 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete FRANCES, FABIANO 1800 SE ST LUCIE BLVD STUART, FL 34996		TITLE 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 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: <u>George C. Stegemiller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-5-08</u> Daytime Phone #		