


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90182 024 \*\*\*\*61.25

<b>DOCUMENT # 725656</b>			
1. Entity Name EL CONQUISTADOR, VILLAGE 1, SECTION 1, CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6120-24 43RD ST. W. BRADENTON, FL 34210 US		Mailing Address 310 PEARL AVENUE SARASOTA, FL 34243	
2. Principal Place of Business - No P.O. Box # <u>2107 63RD AVE E</u>		3. Mailing Address <u>2107 63RD AVE E</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>BRADENTON, FL</u>		City & State <u>BRADENTON, FL</u>	
Zip <u>34203</u>	Country	Zip <u>34203</u>	Country <u>USA</u>
6. Name and Address of Current Registered Agent  DELLCOR MANAGEMENT, INC. 310 PEARL AVENUE SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name <u>SRQ PROPERTY MANAGEMENT, INC.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2107 63RD AVE E</u> City <u>BRADENTON</u> <u>FL</u> Zip Code <u>34203</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POPLAR, JACK 6124 43RD ST WEST #B205 BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN BIRD 6124 43RD ST. W. # 306A BRADENTON, FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, DAVID 6124 43RD ST WEST #B101 BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAUREEN MASSA 6124 43RD ST. W # 408A BRADENTON, FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, DICK 6124 43RD ST WEST #B407 BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete	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
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
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/4/07. 941 739 1389. Date Daytime Phone #	

40067800



04052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3184963 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required