

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725656

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** EL CONQUISTADOR, VILLAGE 1, SECTION 1, CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2107 63RD AVE E  
BRADENTON, FL 34203 US

**New Principal Place of Business:**

1443 TALLEVAST RD  
SARASOTA, FL 34243 US

**Current Mailing Address:**

2107 63RD AVE E  
BRADENTON, FL 34203 US

**New Mailing Address:**

1443 TALLEVAST RD  
SARASOTA, FL 34243 US

**FEI Number:** 59-3184963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SRQ PROPERTY MANAGEMENT INC  
2107 63RD AVE E  
BRADENTON, FL 34203 US

**Name and Address of New Registered Agent:**

SRQ PROPERTY MANAGEMENT INC  
1443 TALLEVAST RD  
SARASOTA, FL 34243 US

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.

SIGNATURE: THOMAS W COOK

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: BIRD, JOHN  
Address: 6124 43RD ST W #306A  
City-St-Zip: BRADENTON, FL 34210

Title: PD ( ) Delete  
Name: MASSA, MAUREEN  
Address: 6124 43RD ST W #408A  
City-St-Zip: BRADENTON, FL 34210

Title: S ( ) Delete  
Name: PALERMO, SUSAN  
Address: 6124 43RD ST N # 308  
City-St-Zip: BRADENTON, FL 34210

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: SCHUDLICH, WILLIAM  
Address: 6124 43RD STREET W APT # A 204  
City-St-Zip: BRADENTON, FL 34210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN MASSA

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date