## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jun 26 1997 8:00am

Secretary of State

Sandra B. Morjham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

appears in Block 12 or Block 13 if changed, or on an attachment with an address

THE CONQUEROR CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O DEVELOPMENT CONSULTANTS INC DEVELOPMENT CONSULTANTS INC 2901 SIMMS STREET 2901 SIMMS STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-1510 Date Incorporated or Qualified 08/30/1973 3a. Date of Last Report 02/21/1996 2. Principal Place of Business 4. FEI Number 59-1882599 2a. Mailing Address X Applied For 21 CONQUEROR CONDO ASSOC Sulte, Apr. #, etc. 26 3948 N.E. Suite, Apt. #, etc. Not Applicable 169TH STREE \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 3948 N.E. 23 NORTH MIAMI 28 Trust Fund Contribution Added to Fees <u>169TH ST</u> BEACH 33160 8. This corporation has liability for intangible tax under s. 199.032, 33160 DADE DADE Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROBERT KIRCHER MEYROWITZ, ANDREW Street Address (P.O. Box Number is Not Acceptable) C/O DEVELOPMENT CONSULTANTS INC 83 2901 SIMMS STREET HOLLYWOOD FL 33020 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and about the objection 617.0503, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE 1.1 TITLE Change Addition TITLE **GONZALO** FERNANDO STALKER 3948NE 16927# 201 NAME 1.2 NAME 3948 NE 169 ST STREET ADDRESS 1.3 STREET ADDRESS NMB FL CITY-ST-7IP 1.4 C(TY - ST - 7)P FL33160 DELETE Change Addition TITLE 21 TITLE NAME GROSS, RUTH KIRCHER, ROBERT 2.2 NAME 3948 N.E 1695T 3948 NE 169 STREET #501 STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI BEACH FL N.M.B., FL 33160 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE RICHARD MCKINNON VALDEZ, ALEYDA 3.2 NAME 3948 NE 16957 # 302 3948 NE 169 STREET #402 STREET ADDRESS 3.3 STREET ADDRESS N MIAMI BEACH FL N.M.B., FC 33160 CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELFTE. Addition TITLE 4.1 TITLE Change KIRCHER, ROBERT NAME 4. 2 NAME 3948 NE 169 STREET SUITE 200 STREET ADORESS 4.3 STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE COHEN, LYNNE NAME 5.2 NAME 3948 NE 169 STREET #504 STREET ADDRESS 5.3 STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change TITLE MCKINNON, RICHARD NAME 6.2 NAME 3948 NE 169 ST STREET ADDRESS 6.3 STREET ADDRESS NMB FL CITY-ST-ZIP

2-1-67

14. I do 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 annual report or supplemental annual 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