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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 727318 (8)
1. Corporation Name
THE CONQUEROR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

2801 SIMMS STREET
HOLLYWOOD FL 33020
US

DEVELOPMENT CONSULTANTS INC
3948 N.E. 169 ST #200
NORTH MIAMI BEACH FL 33160
US

3. Date Incorporated or Qualified
08/30/1973

4. FEI Number
59-1882599

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 CONQUEROR CONDO ASSOCIATION 26 3948 N.E. 169 ST
Suite, Apt. #, etc. 27 N.M.B. FL 33160, U.S.
Suite, Apt. #, etc. 27

22 City & State 28 City & State

23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

KIRCHER, ROBERT
3948 N.E. 169 ST. #200
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

McKINNON, RICHARD
3948 N.E. 169 ST #302
NORTH MIAMI BEACH FL 33160

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Richard McKinnon* DATE 5/15/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME STREET ADDRESS CITY-ST-ZIP	GONZALO, 3948 NE 169 ST NMB FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T KIRCHER, ROBERT 3948 N.E. 169 ST #200 NORTH MIAMI BEACH, FL 33160
D NAME STREET ADDRESS CITY-ST-ZIP	GROSS, RUTH 3948 NE 169 STREET #501 NORTH MIAMI BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DVP RUTH GROSS 3948 NE 169 ST #501 NORTH MIAMI BEACH, FL 33160
D NAME STREET ADDRESS CITY-ST-ZIP	VALDEZ, ALEYDA 3948 NE 169 STREET #402 N MIAMI BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S PAUL GILJE 3948 NE 169 ST #606 NORTH MIAMI BEACH
P NAME STREET ADDRESS CITY-ST-ZIP	KIRCHER, ROBERT 3948 N.E. 169 ST #200 NORTH MIAMI BEACH FL 33160	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	P McKINNON, RICHARD 3948 NE 169 ST #302 NORTH MIAMI BEACH
S NAME STREET ADDRESS CITY-ST-ZIP	STALKER, FERNANDO 3948 N.E. 169 ST #200 NORTH MIAMI BEACH FL 33160	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D TRIA, COSMO 3948 N.E. 169 ST #401 NORTH MIAMI BEACH
DVP NAME STREET ADDRESS CITY-ST-ZIP	MCKINNON, RICHARD 3948 N.E. 169 ST #302 NORTH MIAMI BEACH FL 33160	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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

SIGNATURE: *Richard McKinnon* 305 3948 NE 169 ST #302

CR2E037 (10/97)