2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 727318

Entity Name: THE CONQUEROR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3948 N.E. 169TH STREET
NORTH MIAMI BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

3948 NE 169TH STREET
NORTH MIAMI BEACH, FL 33160 US

New Mailing Address:

FEI Number: 59-1882599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VASSERSTEIN, DALINA
3545 NE 167 ST APT 405
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TRIA, ARMIDA
Address: 3948 N.E. 169TH STREET #401
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T ( ) Delete
Name: HALAC, RUDY
Address: 3948 NE 169 STREET #400
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VP ( ) Delete
Name: NUTTALL, DOROTHY
Address: 3948 NE 169 ST #206
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: S ( ) Delete
Name: WACHTER, CHRISTINA
Address: 3948 NE 169TH STREET #605
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D ( ) Delete
Name: PISANO, PAT
Address: 3241 NE 165TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: GILJE, PAUL
Address: 3948 NE 169 ST #606
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: S (X) Change ( ) Addition
Name: NUTTALL, DOROTHY
Address: 3948 NE 169TH STREET #206
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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

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: ARMIDA TRIA P 02/17/2009

Electronic Signature of Signing Officer or Director — Date