2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728200

FILED Apr 14, 2009 Secretary of State

Entity Name: EL CONQUISTADOR, VILLAGE 1, SECTION 3, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
SRQ PROPERTY MGT, INC. 2107 63RD AVE E BRADENTON, FL 34203 Current Mailing Address:				SRQ PROPERTY MGT, INC. 1443 TALLEVAST RD SARASOTA, FL 34243 New Mailing Address:		
El Number	: 59-1626689	FEI Number Applied For ()	FEI Num	ber Not Appl	icable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:		Name and	Address of I	New Registered Agent:
2107 63RI BRADENT The above	DAVEE ΓΟΝ, FL 342	AGEMENT, INC 2036 US submits this statement for the		1443 TALL SARASOT	EVAST RD A, FL 34243	AGEMENT, INC US office or registered agent, or both
SIGNATURE: THOMAS W COOK						04/14/2009
210117 (101		nic Signature of Registered Ac	jent			Date
OFFICER	S AND DIREC	CTORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTO
Fitle: Name: Address: Dity-St-Zip: Fitle:	GRASSO, MAR 4119 61ST AV BRADENTON,	E TERR W 107		Title: Name: Address: City-St-Zip: Title:) Change () Addition) Change () Addition
lame: ddress: city-St-Zip:	HERLIHY, MAI 5701 PARK PL COASTWOOD	RY LACE UNIT B1		Name: Address: City-St-Zip:	,	/ Shange (// Addition
itle: lame: lddress: city-St-Zip:	GIESBRECHT	TERR W #201		Title: Name: Address: City-St-Zip:	GIESBRECHT	TERR W #201
Title: Name: Nddress: Dity-St-Zip:	S (GRASSO, MAF 1 SCENIC DR. HIGHLANDS, N	. 412		Title: Name: Address: City-St-Zip:	MILLER, EDW	E TERR W # 407
itle: lame: ddress: city-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	CECCHETTO,	E TERR W # 208

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: MAX GIESBRECHT PD 04/14/2009