



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 729860 1. Entity Name CONQUISTADOR CONDOMINIUM ASSOCIATION OF COCOA BEACH, INC.					
Principal Place of Business 4100 OCEAN BEACH BLVD. COCOA BEACH, FL 32931				Mailing Address 4100 OCEAN BEACH BLVD. COCOA BEACH, FL 32931	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1980 n Atlantic Ave 701			
City & State Cocoa Beach fl		City & State Cocoa Beach fl		4. FEI Number 59-1552144	
Zip 32931		Country Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEW T. BURKE CPA 503 N. ORLANDO AVE, STE 106 COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name Petey Davis Street Address (P.O. Box Number is Not Acceptable) 1980 n Atlantic Ave #701 City Cocoa Beach FL Zip Code 32931	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Petey Davis</u> <u>Petey Davis</u> <u>4/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHABANA, LOURIC 4160 OCEAN BCH BLVD 509 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOCELYN, JOEL 4100 OCEAN BEACH BLVD COCOA BEACH, FL 32931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUSTIG, RALPH 4105 OCEAN BEACH BLVD. # 426 COCOA BEACH, FL 32431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUCKER, HARRY 4100 OCEAN BCH BLVD 207 COCOA BEACH, FL 32431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPPI, SHIRLEY 4105 OCEAN BCH BLVD #220 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENAN, BILL 4100 OCEAN BEACH BLVD #266 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Ralph Lustig</u> RALPH A. LUSTIG <u>7/25/08</u> <u>321-799-0895</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA