

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731151

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** EL CONQUISTADOR VILLAS, VILLAGE 2, CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

DELLCOR MGMT INC  
310 PEARL AVE  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

DELLCOR MGMT INC  
310 PEARL AVE  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 59-1798062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELLCOR MGMT INC  
310 PEARL AVE  
SARASOTA, FL 34243 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: D ( ) Delete  
Name: BELINSKI, ED  
Address: 5909 43 ST W  
City-St-Zip: BRADENTON, FL

Title: VD ( ) Delete  
Name: ORNSTEIN, AARON P.  
Address: 5913 43RD STREET W  
City-St-Zip: BRADENTON, FL

Title: D ( ) Delete  
Name: ADAMSON, JAMES  
Address: 5903 43RD ST W  
City-St-Zip: BRADENTON, FL 34210

Title: PD ( ) Delete  
Name: TURNER, DOUG  
Address: 5929 43RD ST WEST  
City-St-Zip: BRADENTON, FL 34210

Title: D ( ) Delete  
Name: STINE, MIMI  
Address: 5915 43RD ST WEST  
City-St-Zip: BRADENTON, FL 34210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: BELINSKI, ED  
Address: 5909 43 ST W  
City-St-Zip: BRADENTON, FL

Title: DS (X) Change ( ) Addition  
Name: ORNSTEIN, AARON P.  
Address: 5913 43RD STREET W  
City-St-Zip: BRADENTON, FL

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

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

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: DOUG TURNER

DP

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date