


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 737827 1. Entity Name CONQUISTADOR CONDOMINIUM XII ASSOCIATION, INC.					
Principal Place of Business 1800 S.E. ST. LUCIE BLVD. STUART, FL 34996			Mailing Address 1800 S.E. ST. LUCIE BLVD. STUART, FL 34996		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1804205	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREDERICK, LESLEY A <i>Candle Pider.</i> 1800 SE ST. LUCIE BLVD <i>1800 SE St. Lucie Blvd.</i> STUART, FL 34996 <i>Stuart, FL 34996</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>[Signature]</i> <i>9/16/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	TD <input type="checkbox"/> Delete BAUMANN, PATRICIA 1800 SE ST. LUCIE BLVD STUART, FL 34996			<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060628676 10/14/05--01058--004 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete WTULICH, EDWARD 1800 SE ST LUCIE BLVD STUART, FL 34996			<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060628676 11/22/05--01089--014 **\$175.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete ROTHERMEL, MARILYN 1800 SE ST. LUCIE BLVD STUART, FL 34996			<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete PALELLA, JOSEPH 1800 SE ST LUCIE BLVD STUART, FL 34996			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete WARD, ROBERT 1800 SE ST LUCIE BLVD STUART, FL 34996			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <i>[Signature]</i> <i>9/19/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					