2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 738003

Entity Name: EL CONQUISTADOR, VILLAGE I, SECTION 4, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-1882080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: COWAN, DONALD G
Address: 6116 43RD ST W #406D
City-St-Zip: BRADENTON, FL 34210

Title: TD ( ) Delete
Name: SCARLINO, STEPHANIE
Address: 6114 43RD ST W #104E
City-St-Zip: BRADENTON, FL 34210

Title: VPD ( ) Delete
Name: GROSS, DIANE
Address: 6114 43RD ST W #E303
City-St-Zip: BRADENTON, FL 34210

Title: SD ( ) Delete
Name: ROMINGER, CAROL
Address: 8265 GREENMONT AVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change ( ) Addition
Name: ROMINGER, CAROL
Address: 8265 GREENMONT AVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Change (X) Addition
Name: GRAHAM, DON
Address: 6114 43RD ST W #108E
City-St-Zip: BRADENTON, FL 34210

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: DONALD G COWAN PD 04/08/2009

Electronic Signature of Signing Officer or Director — Date