

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90033 034 ****61.25

DOCUMENT # 747010

1. Entity Name

WILLAS OF EL CONQUISTADOR ASSOCIATION, INC.



Principal Place of Business

4400-4600 LAJOLLA DRIVE
BRADENTON FL 34210
US

Mailing Address

5726 CORTEZ WEST #131
BRADENTON FL 34210

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2120907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KROEGER, RONALD H.
2611 47TH ST. WEST
BRADENTON FL 34209

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GUSTKE, ANNELIE	
STREET ADDRESS	4414 LAJOLLA DR	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, EDWARD	
STREET ADDRESS	4532 LA JOLLA DR	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCCAULEY, JUDY	
STREET ADDRESS	4402 LA JOLLA DR	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUICK, ILENE	
STREET ADDRESS	4653 LA JOLLA DR	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENES, JANNETTE	
STREET ADDRESS	4524 LA JOLLA DR	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN	
STREET ADDRESS	4515 LAJOLLA DR.	
CITY-ST-ZIP	BRADENTON FL 34210	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOND, IRENE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLAND, THOMAS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John S. Thomas
JOHN S. THOMAS
TREASURER

3/24/06

941-798-7873