


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90014 016 ****61.25

DOCUMENT #752415 1. Entity Name <u>EL CONQUISTADOR COUNTRY CLUB, INC.</u> <i>EL CON CORP</i>			
Principal Place of Business 4350 EL CONQUISTADOR PKWY. BRADENTON, FL 34210		Mailing Address 4350 EL CONQUISTADOR PKWY. BRADENTON, FL 34210	
2. Principal Place of Business <i>6023 26th ST W</i> Suite, Apt. #, etc. <i>#314</i>		3. Mailing Address <i>6023 26th ST W</i> Suite, Apt. #, etc. <i>#314</i>	
City & State <i>BRADENTON FL</i>		City & State <i>BRADENTON FL</i>	
Zip <i>34207</i>		Zip <i>34207</i>	
Country <i>MANATEE</i>		Country <i>FL</i>	
4. FEI Number 59-2005598		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLYNN, JOYCE A 5014 63RD ROAD DR. W BRADENTON, FL 34210		7. Name and Address of New Registered Agent Name <i>CLIFF WRIGAT</i> Street Address (P.O. Box Number is Not Acceptable) <i>4803 64th DR W</i> City <i>BRADENTON</i> FL Zip Code <i>34210</i>	
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>Cliff Wrigat</i>		DATE <i>1/12/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		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	
TITLE V NAME STOGDILL, WILLIS DR. STREET ADDRESS 4814 63RD DR W CITY-ST-ZIP BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete	TITLE P NAME CLIFF WRIGAT STREET ADDRESS 4803 64th DR W CITY-ST-ZIP BRADENTON FL 34210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME ZIMMERMAN, DON STREET ADDRESS 4315 MIRABELLA CIRCLE CITY-ST-ZIP BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete	TITLE T NAME ARTHUR THEVENIN STREET ADDRESS 3615 GUM HOLLOW PL CITY-ST-ZIP BRADENTON, FL 34210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MCDONOUGH, GERARD STREET ADDRESS 5008 64TH DRIVE WEST CITY-ST-ZIP BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete	TITLE S NAME MOSES LANK STREET ADDRESS 5015 64th DR W CITY-ST-ZIP BRADENTON FL 34210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME MURRAY, DANIEL STREET ADDRESS 5827 LOS VERDES CT CITY-ST-ZIP BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete	TITLE D NAME WELLS, MARY ANN STREET ADDRESS 3409 B AVENIDA MADERA CITY-ST-ZIP BRADENTON, FL 34210	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FARLIN, DAN STREET ADDRESS 4006 AVENIDA MADERA CITY-ST-ZIP BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete	TITLE D NAME FARLIN, DAN STREET ADDRESS 4006 AVENIDA MADERA CITY-ST-ZIP BRADENTON, FL 34210	<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: <i>CLIFF WRIGAT</i>		DATE: <i>1/12/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>941-751-6412</i>	