FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMEN 754625 1. Entity Name 04-17-2001 90171 046 ****61.25 EL CONQUISTADOR NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address 4005 AVENIDA MADERA 4005 AVENIDA MADERA COUTINGS **BRADENTON FL 34210 BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2043095 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROBBINS, CHARLES E. 4005 AVENIDA MADERA **BRADENTON FL 34210** Zip Code FI 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Delete TITLE ROBBINS, CHARLES NAME NAME 4005 AVENIDA MADERA STREET ADDRESS STREET ADDRESS CITY-ST-7IP BRADENTON, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE HOLLOWAY, EARL NAME NAME 6408 MEADOWLARK LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 00000 ☐ Change ☐ Addition TITLE ☐ Delete TITLE GREENWALD, CAROL NAME NAME 6430 SUN EAGLE LN #205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZiP **BRADENTON FL VPD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition FIEDLER, JOHN NAME STREET ADDRESS 5915 LA VISTA DR STREET ADORESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BRISBANE, SHARON NAME NAME STREET ADDRESS 3500 EL CONQUISTADOR PKY STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

Zouirien Fiedler 4-4-01 941-756-5269
Date Dayline Phone # SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

all other like empowered.

changed, or on an attachment with an address,

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 of 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 agraciment with an address, with all other like empowered.