


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 754625</b> 1. Entity Name EL CONQUISTADOR NEIGHBORHOOD ASSOCIATION, INC.	
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Principal Place of Business 5915 LAVISTA LN. BRADENTON, FL 34210	Mailing Address 5915 LAVISTA LN. BRADENTON, FL 34210
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03112008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2043095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLACKS, WILLIAM  
3412 FALCON PL.  
BRADENTON, FL 34210

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000468523  
03/24/06-80034-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBBINS, CHARLES 4005 AVENIDA MADERA BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYNDRESS, ROBERT 4362 MIRABELLA CIRCLE BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLACKS, WILLIAM 3412 FALCON PLACE BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOZARTH, OPAL 6143 43 STREET BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIEDLER, JOHN 5915 LA VISTA LANE BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, GENE 3814 SUN EAGLE LANE BRADENTON, FL 34210

**DO NOT WRITE  
IN THIS SPACE**

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: *John F. Fiedler* - JOHN F. FIEDLER 3/11/06 7567481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #