


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90022 002 \*\*\*\*61.25

<b>DOCUMENT # 754625</b>			
1. Entity Name <b>EL CONQUISTADOR NEIGHBORHOOD ASSOCIATION, INC.</b>			
Principal Place of Business <b>5915 LAVISTA LN. BRADENTON FL 34210</b>		Mailing Address <b>5915 LAVISTA LN. BRADENTON FL 34210</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2043095</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>SCHLACKS, WILLIAM 3412 FALCON PL. BRADENTON FL 34210</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: ROBBINS, CHARLES STREET ADDRESS: 4005 AVENIDA MADERA CITY- ST- ZIP: BRADENTON FL 34210	<input type="checkbox"/> Delete	S NAME: SALLY TAYLOR STREET ADDRESS: 6120 45TH ST W CITY- ST- ZIP: BRADENTON FL 34210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: RYNDRESS, ROBERT STREET ADDRESS: 4362 MIRABELLA CIRCLE CITY- ST- ZIP: BRADENTON FL 34210	<input type="checkbox"/> Delete	D NAME: W. SHAUN EAGAN STREET ADDRESS: 4350 EL CONQUISTADOR BLVD CITY- ST- ZIP: BRADENTON, FL 34210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P NAME: SCHLACKS, WILLIAM STREET ADDRESS: 3412 FALCON PLACE CITY- ST- ZIP: BRADENTON FL 34210	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: BOZARTH, OPAL STREET ADDRESS: 6143 43 STREET CITY- ST- ZIP: BRADENTON FL 34210	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME: FIEDLER, JOHN STREET ADDRESS: 5915 LA VISTA LANE CITY- ST- ZIP: BRADENTON FL 34210	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: JORDAN, GENE STREET ADDRESS: 3814 SUN EAGLE LANE CITY- ST- ZIP: BRADENTON FL 34210	<input checked="" type="checkbox"/> Delete		<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 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:** William Schlacks William Schlacks 3-9-07 (841) 756-3354  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #