

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754625

FILED  
Mar 08, 2011  
Secretary of State

**Entity Name:** EL CONQUISTADOR NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

3412 FALCON PLACE  
BRADENTON, FL 34210

**New Principal Place of Business:**

**Current Mailing Address:**

3412 FALCON PLACE  
BRADENTON, FL 34210

**New Mailing Address:**

FEI Number: 59-2043095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHLACKS, WILLIAM  
3412 FALCON PL.  
BRADENTON, FL 34210 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MORRISON, DONNA  
Address: 6460 MOURNING DOVE DR., UNIT # 104  
City-St-Zip: BRADENTON, FL 34210

Title: P  
Name: SCHLACKS, WILLIAM  
Address: 3412 FALCON PLACE  
City-St-Zip: BRADENTON, FL 34210

Title: T  
Name: HUNTER, ANNIE  
Address: 4649 LAJOLLA DRIVE  
City-St-Zip: BRADENTON, FL 34210

Title: VP  
Name: FIEDLER, JOHN  
Address: 5915 LA VISTA LANE  
City-St-Zip: BRADENTON, FL 34210

Title: S  
Name: TAYLOR, SALLY  
Address: 6120 45TH ST N  
City-St-Zip: BRADENTON, FL 34210

Title: D  
Name: MARTIN, DENNIS  
Address: 4128 PINAR DRIVE  
City-St-Zip: BRADENTON, FL 34210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM SCHLACKS

P

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date