

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766926

FILED
Mar 20, 2009
Secretary of State

Entity Name: CONQUISTADOR PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5875 W 20 AVENUE
#214
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

5875 W 20TH AVENUE
#214
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 59-2642696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES, NELSON
5851 W 20 AVENUE #414
HIALEAH, FL 33012 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: PD () Delete
Name: REYES, NELSON
Address: 5851 W 20 AVENUE #414
City-St-Zip: HIALEAH, FL 33012

Title: VPD () Delete
Name: PEREZ, DOMINGO
Address: 5851 W 20 AVE # 406
City-St-Zip: HIALEAH, FL 33012

Title: SD () Delete
Name: ALES, HECTOR J
Address: 5851 W 20 AVE #415
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: JACQUELINE, ARTEAGA
Address: 5835 W 20 AVENUE # 113
City-St-Zip: HIALEAH, FL 33012

Title: VTD () Delete
Name: CORDON, ALONZO
Address: 5851 W 20 AVENUE #407
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NELSON REYES

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date