2005 NOT-FOR-PROFIT CORPORATION —ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90543 024 ****61.25

DOCUMENT # 767151				05-02-2005 90543 024 ****6				**61.	25		
1. Entity Name CONQUISTADOR LANDING CONDOMINIUM ASSOCIATION, INC.											
Principal Place	e of Business	Mailing Address	L			TAATA	141				
P O BOX 511565 P O BOX 511565											
PUNTA GORDA, FL 33951-565 US PUNTA GORDA, FL 33951-5											
										R II	
2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address								
Suite Ant # etc		Suite, Apt. #, etc.			040000=						
Suite, Apt. #, etc.		ouite, Apr. #, etc.	Suite, Apr. #, etc.		2182005	Chg-NP	CR	2E037 (10/	(03)		
City & State		City & State		4.	FEI Numbe 65-0136	5279				olied For Applicable	
Zip	Country	Zip	Country	5.	Certificate	of Status Desire	ed 🔲	\$8.7	5 Addit	tional	
_	6. Name and Address of Current	Registered Agent		7.	Name and	Address of Ne		Fee He	equired	·	
			Name	7. Name and Address of New Registered Agent Name STAR Hosp, Helli by Management							
WOTITZKY, EDWARD L., ESQUIRE 201 W. MARION AVENUE, #301			Street A	ddress (P.O.	25 p , tex Box Numbe	er is Not Accept	anag table)	ement			
PUNTA GO	ORDA, FL 33950		(00)	s Tay	don	Rd #	`				
							<u></u>		Code		
8. The above	named entity submits this statement for	r the purpose of changing its re	egistered office o	unta (gent, or bot	h. in the State o	of Florida.		3 >9 with a		
	tions of registered agent.		9			.,			.,		
	dhuru Rank	M					U	-29-0	15	ľ	
SIGNATURE	Signature, typed or printed area of registered agent		Registered Agent signal	ture required when	reinstabing)			DATE			
SIGNATURE			paign Financing	\$5	.00 May B	e	Make o	check paya	ble to		
SIGNATURE	Signature, typed or printed are of registered agent Filling Fee is \$61.25	and title if applicable (NOTE: F 9. Election Camp Trust Fund Cor	paign Financing	\$5 ADD	.00 May B	e ANGES TO OFF	Make o	check paya	of Sta	ate	
	Signature, typed or printed area of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI SD	and title if applicable (NOTE: F 9. Election Camp Trust Fund Cor	paign Financing ntribution.	S5 Add	.00 May B ded to Fees	ANGES TO OFF	Make of Florida D	check paya	of Sta	ate	
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI SD WOOD, CECIL	9. Election Camp Trust Fund Cor	paign Financing ontribution. 11. TITLE NAME	S5 Add	i.00 May B ded to Fees ITIONS/CH/	ANGES TO OFF	Make of Florida D	check paya department	of Sta PRS IN	ate 10	
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI SD WOOD, CECIL 1354 ROCK DOVE CT A-104	9. Election Camp Trust Fund Cor	paign Financing ntribution. 11. TITLE NAME STREET ADDRESS	## \$500 Add ADD Marke	i.00 May B ded to Fees ITIONS/CHA ROCK	ANGES TO OFF	Make of Florida D	check paya lepartment	of Sta PRS IN	ate 10	
10. TITLE NAME STREET ADDRESS CITY-S1-ZIP	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI SD WOOD, CECIL	9. Election Camp Trust Fund Con RECTORS Delete	naign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	## \$500 Add ADD Marke	i.00 May B ded to Fees ITIONS/CHA ROCK	ANGES TO OFF	Make of Florida D	check paya lepartment	of Sta PRS IN nange	10 X Addition	
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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 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:

TRESIDENST SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

575-2831