

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767151

FILED  
Feb 15, 2009  
Secretary of State

**Entity Name:** CONQUISTADOR LANDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 511565  
PUNTA GORDA, FL 33951565 US

**New Principal Place of Business:**

1344 ROCK DOVE CT  
PUNTA GORDA, FL 33951565 US

**Current Mailing Address:**

P O BOX 511565  
PUNTA GORDA, FL 33951565 US

**New Mailing Address:**

**FEI Number:** 65-0136279      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DOMBER, HARLAN R ESQUIRE  
3900 CLARK ROAD, SUITE L 1  
SARASOTA, FL 34233 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: TD ( ) Delete  
Name: ROSSI, SUSAN  
Address: 1352 ROCK DOVE CT B-204  
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD ( ) Delete  
Name: PACCIORETTI, PETE  
Address: 1344 ROCK DOVE CT. D-202  
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD ( ) Delete  
Name: RYDBERG, MAUREEN  
Address: 32 WILLOW AVE  
City-St-Zip: MIDDLETOWN, RI 02842

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: MORAWSKI, KEN  
Address: 1348 ROCK DOVE CT C204  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D ( ) Change (X) Addition  
Name: HELLAUER, ROBERT  
Address: 1354 ROCK DOVE CT A102  
City-St-Zip: PUNTA GORDA, FL 33950 US

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: SUSAN ROSSI

TD

02/15/2009

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

\_\_\_\_\_  
Date