FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

768969

(8)

CONQUISTADOR BAY CLUB CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business Mailing Address													{							
٠,		•		PO BOX 10674																
	101 32 ST W JITE C-7	ľ			-P.OB															
B	RADENTON F	FL 34205			BRADE		L 34282-	-0007				- <u>-</u>								
US					U\$								3. Date Incorporated or Qualified					oort 6		
ļ.,	- Principal P I	Place of Busin	ness	-	2a . Ma	-		100				4	. FEI Num	ber -248415	A				Арр	lied For
21	Suite, Apt.	# etc				te, Apt.	Box	106)/4					2404 13			·			Applicable
22	Oute, Apr.	#, 6 16.		ŀ	27	ie, Apt	#, BIC.					8	. Certifica	te of Statu	s Desire	ed :				iditional ulred
	City & Stat	ie				y & State	B						. Election	Cempaion	Financi	ina				lay Be
23					28							"		nd Contrib		~ .				tay be Fees
<u> </u>	Zıp		Country		Zip				Cour	ntry		8	. This corp	ooration ha	as liabilit	ty for int	angible	tax unde	ers. 1	99.032,
24		25 25 9. Name and Address of Current			29 30				<u>l</u>	<u> </u>			Florida Statutes Yes No 10. Name and Address of New Registered Agent							
 -	 	9, Name	and Address	of Current R	egistere	d Agen	<u> </u>			81	Name	10). Name a	nd Addres	s of Ne	w Regi	stered /	Agent		
	0001	^^NID^NIN	IUM MANAG	CHENY CEO	N MC					•										
		CUNDUMIN 2ND ST W	EMENI SEH	RV INC					82	Street A	ddress (P.O. Box N	lumber is	Not Acc	eptable)				
	SUITE (-	83								"			
BRADENTON FL 34205									L											
									1	64	City				*		FL		ip Co	
11	I. Pursuant office or r	to the provis	ions of Section jent, or both, in th, and accept	s 617.0502 ar the State of F	nd 617.1. Iorida, S	508, Flo Such cha	rida Sta ange wa	itutes, as auth	the ab lorized	ove by	named c	corporati oration's	on submits board of c	this state: lirectors. I	ment for hereby	the pur accept t	pose of the app	changin ointment	g its as re	registered gistered
		ım familiar w	th, and accept	the obligation	ns of, Se	ction 61	7.0503,	Florid	a Statu	ntes.										-
SI	GNATURE	Signature, typed	or printed name of r	egistered agent an	d title if app	licable.	4)	NOTE: Re	gistered	Agen	nt signature re	ntw beniupe	en reinstating)				DATE			
12	2.		OFFI	CERS AND D	IRECTOR	RS			13.				ADDITION	IS/CHANG	E\$ TO	OFFICE	RS AND	DIRECT	ORS	IN 12
Tit	LE	-0-					DELETE		1.1 111	LE		VP/	D					Chang	je	Addition
	ME	FLYNN,							1.2 NAI	ME		,	-							
	REET ADDRESS		AYCLUB DR						1.3 STF	EET A	ADDRESS									
	IY-ST-ZIP		NTON FL				DE) ETE		1.4 CIT		-ZIP									- The same
111		PD	ORD, JOHN				DELETE		2.1 TITI									L Chang)e	Addition
	ME Reet address		AYCLUB DR						2.2 NAI		ADDRESS									
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III		VPD				K	DELETE		3.1 TITI		1 &11							☐ Chang	10	Addition
N/A	ME	SEAMA	N, BOB						3.2 NAI	JE.									•	
S 1	reel address	4455 B	AY CLUB DR						3.3 STF	EET A	ADORESS									
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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changes, or or an attachment with an address.

SIGNATURE:

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 25 197 941-158-945

FILED

Mar 04 1997 8:00am

Secretary of State